



2/8/2019



Michigan Energy Assistance Program

Policy and Procedure Manual

Effective October 1, 2018 for Fiscal year 2019

TABLE OF CONTENTS

1.0	MEAP Program Overview	6
1.1	Michigan Public Service Commission.....	6
1.2	History.....	6
1.3	Key Energy Assistance Definitions and Dates	7
1.3.1	MEAP Self-Sufficiency Definitions.....	7
1.3.2	Key Program Dates.....	8
1.4	Funding Sources	9
1.4.1	Grantee Awards	9
2.0	Program Administration/Standards	10
2.1	Grant Payment Schedule	10
2.1.1	Grantee Registration.....	10
2.2	MEAP Objectives.....	10
2.3	Non-Discriminatory Policy	11
2.3.1	Religious Preference	11
2.3.2	Americans with Disabilities Act (ADA)	11
2.4	Data Security Policy	11
2.4.1	Data Breach/Loss of Data	11
2.4.2	Data Security Internal Audit.....	13
2.4.3	Data Security Audit by State/MPSC	13
2.4.4	Termination Due to Data Security Deficiencies	13
2.4.5	Employee Background Checks	13
2.5	Outreach	14
2.6	Program Coordination	14
2.6.1	MI Bridges Participation	14
2.6.2	Grantee services	15
2.6.3	Other Grantee or Agency Services.....	16
2.6.4	Home Energy Suppliers.....	16
2.7	Customer Satisfaction Survey	16
3.0	Client Eligibility	17
3.1	Client Application Process	17
3.1.1	Affordable Payment Plan Criteria	17
3.1.2	MEAP Equitability Statement.....	18

3.2	Re-establishing Eligibility (Multiple Assists).....	18
3.3	Client File	18
3.3.1	Retention Schedule.....	19
4.0	MEAP Benefits	20
4.1	Home Energy Suppliers.....	20
4.1.1	Tax Reporting.....	21
4.2	Direct Services/Covered Services	21
4.2.1	Self-Sufficiency Services.....	21
4.2.2	Deliverable Fuels and Wood	22
4.3	Non-Covered Services.....	22
4.3.1	Late Fees	23
4.3.2	Unregulated Service Charges.....	23
4.3.3	Theft/Fraud on Client’s Account.....	24
4.4	MEAP Cap.....	24
4.4.1	Exceptions	24
4.4.2	Bill Transfers	25
4.5	State Emergency Relief (SER).....	25
4.5.1	SER Co-payment.....	26
4.6	Energy Assistance Underpayments, Overpayments, and Refunds.....	26
4.6.1	Underpayments	26
4.6.2	Overpayments.....	26
4.6.3	Refunds	27
5.0	Notice of Services	28
5.1	Approval Process	28
5.2	Denial Process.....	28
5.2.1	Client Appeal/Request for Review	28
5.2.2	Grantee Out of Funds Letters	28
5.2.3	Non-Participating Provider Denial	29
6.0	Monitoring and Reporting Program Performance	30
6.1	Households Served Data and Documentation/Client List	30
6.2	Household Client File Sampling	31
6.3	Financial Status Reports.....	31
6.3.1	Final Financial Status Report.....	31

6.4	Program Status Reports	31
6.5	Project Status Reports	31
6.5.1	LIHEAP Assurance 16 Reporting.....	32
6.6	Site Visits.....	32
6.6.1	Initial Site Visit	32
6.7	Internal Monitoring	33
7.0	Grant Expenditures	34
7.1	Personnel	34
7.1.1	Disallowed Personnel Expenditures	34
7.1.2	Fringe Benefits	34
7.2	Supplies, Materials, and Equipment.....	35
7.3	Contractual Services	35
7.4	Travel Expenditures	36
7.4.1	Designation of Official Workstation (OWS)	36
7.4.2	Meal Reimbursement	37
7.4.3	Conventions, Conferences, and Meetings.....	38
7.4.4	Mileage Reimbursement	39
7.5	EAP Other Expenses.....	40
7.6	EAP Direct Assistance.....	40
7.7	Indirect Cost.....	40
7.8	Budget Revisions.....	40
7.8.1	Updates Within Budget Categories	40
7.8.2	Updates Between Budget Categories (Formal Amendment NOT Needed).....	41
7.8.3	Updates Between Budget Categories (Formal Amendment Needed).....	41
Appendix A	MEAP Customer Satisfaction Survey Questions.....	43
Appendix B	MEAP Self Sufficiency Plan	44
Appendix C	Suspected Theft/Fraud Flowchart.....	46
Appendix D	MPSC Validation Tool/Client List	46
Appendix E	Hourly Timesheet Example.....	48
Appendix F	Salaried Timesheet Example.....	49
Appendix G	State of Michigan Travel Reimbursement Rates	50
Appendix H	Mileage Travel Log.....	52
Appendix I	MEAP Reporting Schedule	53

Appendix J	Assurance 16 Additional Information.....	54
Appendix K	Non-Covered Service – HPP Example	56
Appendix L	DTE Energy ORA Late Fee Example	57
Appendix M	SEMCO Bill – Late Fee Example.....	58
Appendix N	Consumers Energy - Late Fee Example	59
Appendix O	2019 Interm Project Status Report.....	60
Appendix P	2019 Final Project Status Report.....	62
Appendix R	Eligibility Review CheckList.....	63
Appendix S	Vendor Registration Updating Instructions	64
Appendix T	DHS-834 Fraud Investigation Request Form	66
Appendix U	Understanding a State Emergency Relief Decision Notice.....	68
Appendix V	Proof of APP Enrollment for SER Co-payment	72

1.0 MEAP PROGRAM OVERVIEW

The Michigan Public Service Commission (MPSC) within the Department of Licensing and Regulatory Affairs (LARA) and the Michigan Department of Health and Human Services (MDHHS) are responsible for the administration of the Michigan Energy Assistance Program (MEAP). The Interagency Agreement/Memorandum of Understanding between MDHHS and LARA establishes the responsibilities of each party.

MPSC contracts with local non-profits, local governments, and public and private entities to administer the program by using a Request for Proposal (RFP) process. The RFP provides interested parties with sufficient information to enable them to prepare and submit a proposal, budget, budget narrative, and timeline. Grantees are awarded funding to assist eligible low-income households.

Households who present with an energy crisis will initially apply for the State Emergency Relief program, either directly with MDHHS or with assistance from a grantee/MI Bridges Navigator and MDHHS will determine eligibility for LIHEAP assistance. SER applicants will be eligible to receive self-sufficiency services, including case management through MEAP grantees. Households who qualify for an SER energy payment will be eligible for MEAP direct payment assistance, including enrollment in an affordable payment plan.

1.1 MICHIGAN PUBLIC SERVICE COMMISSION

Program information can be found on the Michigan Public Service Commission (MPSC) website: <https://www.michigan.gov/mpsc/0,4639,7-159-52493---,00.html>

1.2 HISTORY

On March 28, 2013 [Public Act 615](#) of the Michigan Public Acts of 2012 was enacted creating the Michigan Energy Assistance Act that requires the Michigan Department of Human Services to establish and administer the Michigan Energy Assistance Program (MEAP). The purpose of MEAP is to establish and administer programs statewide that provide energy assistance and self-sufficiency services to eligible low-income households.

On July 1, 2013 [Public Act 95](#) of the Michigan Public Acts of 2013 was enacted creating the Low-Income Energy Assistance Fund (LIEAF) charging the Michigan Department of Health and Human Services with expending money from the fund as provided by the Michigan Energy Assistance Act. The Act allows the Michigan Public Service Commission (MPSC) to annually approve a low-income energy assistance funding factor, not to exceed \$50,000,000, to support the LIEAF.

On June 8, 2016, [Public Act 147](#) of the Michigan Public Acts of 2016 was enacted extending the sunset date of the MEAP until September 30, 2019.

For fiscal year 2018, the MPSC adopted a monthly funding factor of 93 cents per meter for all Michigan electric utilities that have opted to participate in the funding of the LIEAF, effective for the September 2017 billing month, see [Case No. U-17377](#).

1.3 KEY ENERGY ASSISTANCE DEFINITIONS AND DATES

- 1) “Crisis” means one of the following: 1) an individual or recipient has received a past due notice on an energy bill for his or her household (a shut off or disconnect notice is not required); 2) a residential fuel tank is estimated to contain no more than 25% of its heating fuel capacity; 3) a stated need for deliverable fuel or a nontraditional fuel source in which there is no meter or regular energy bill provided; or 4) a notice that the balance in a prepayment account is below a minimum amount.
- 2) “Crisis season” refers to the period from November 1 through May 31 each year. Not more than 30% of the funds awarded for energy assistance programs through MEAP shall be spent on home energy costs accrued outside the “crisis season.”
- 3) “Eligible low-income household” means a household with an income of not more than 150% of the Federal Poverty Guidelines.
- 4) “Federal Poverty Guidelines” means the poverty guidelines published annually in the federal register by the United States Department of Health and Human Services under its authority to revise the poverty line under section 673(2) of subtitle B of title VI of the Omnibus Budget Reconciliation Act of 1981, 42 USC 9902. See the [2018 Federal Poverty Guidelines](#) that will be in effect for the 2019 grant year October 1st through September 30th.

1.3.1 MEAP SELF-SUFFICIENCY DEFINITIONS

Energy assistance through MEAP must include services that will enable participants to become or move toward becoming self-sufficient, including assisting participants in paying their energy bills on time, assisting participants in budgeting for and contributing to their ability to provide for energy expenses, and assisting participants in utilizing energy services to optimize on energy waste reduction.

Households receiving MEAP assistance must receive additional services that could include:

- ✓ Needs assessment to identify the most appropriate services and referrals
- ✓ Vendor Advocacy
- ✓ Financial education or budget conversation
- ✓ Energy education or conservation conversation
- ✓ Energy waste reduction services through home energy supplier programs
- ✓ Weatherization
- ✓ Short term case management
- ✓ Longer term case management

“Needs assessment” means reviewing the client’s case record and identifying the most appropriate services and referrals.

“Vendor advocacy” means helping the client to communicate effectively with the vendor to maintain service. This includes helping the client to enroll in a home energy supplier affordable payment plan.

“Affordable payment plan” means a program that provides a household with a more affordable energy payment for an established period of time and includes a component for arrearage forgiveness when necessary.

“Financial education or budget conversation” means to provide financial counseling, financial literacy education, and/or financial management training to assist a household in budgeting for and contributing to their ability to provide for energy expenses.

“Energy education or conservation conversation” means assisting households to develop a better understanding of their energy bill and developing strategies to motivate a household to make behavioral changes to decrease their usage. This includes furnishing information to households about how to reduce energy usage and obtain energy waste reduction services.

“Energy waste reduction services” means energy conservation or energy efficiency services that are demonstrated to produce measurable savings to help a household to achieve a greater degree of energy self-sufficiency.

“Weatherization” means a program supported by funds provided by the U.S. Department of Energy Weatherization Assistance Program and/or LIHEAP funds to provide low cost and cost-effective energy related home repairs. WAP and LIHEAP program weatherization goals:

- ✓ WAP: to increase the energy efficiency of dwellings owned or occupied by low-income persons, reduce their total residential energy expenditures, and improve the health and safety, especially low-income persons who are particularly vulnerable such as elderly, the handicapped, and children.
- ✓ LIHEAP: provide low-cost residential weatherization and other cost-effective energy-related home repair.

“Short term case management” means developing information and materials about services available to LIHEAP/LIEAF clients; developing an understanding of a client’s needs and offering counseling during MEAP intake.

“Longer term case management” means developing a curriculum and training materials for service delivery; working with clients on energy education and/or financial counseling over an extended time period.

1.3.2 KEY PROGRAM DATES

November 1 to March 31-Winter Protection Plan protecting low income customers and senior citizens from shut off per MPSC rules and state law as set forth in MCL 460.9r(3)(d).

November 1 to April 15-Utilities that do not collect the funding factor contributing to LIEAF shall not shut off service to any residential customer during these dates for nonpayment of a delinquent account PA 95 of 2013, see [MPSC 2017 Funding Factor](#) for the most recent order.

November 1 to May 31-MEAP crisis season-Money from the LIEAF fund may be used for the program's crisis season and not more than 30% of the funds shall be spent outside of the crisis season [PA 615](#) of 2012.

1.4 FUNDING SOURCES

The Michigan Energy Assistance Program (MEAP) is funded from fees collected through participating electric utility providers (LIEAF) and, when available, by the federal government through the Assurance 16 funds through the Low-Income Home Energy Assistance Program (LIHEAP) block grant CFDA 93.568.

Public Act 95 allows the Michigan Public Service Commission (MPSC) to annually approve a low-income energy assistance funding factor, not to exceed \$50,000,000 to fund the LIEAF.

Assurance 16 funds carry the federal LIHEAP reporting requirements as set forth in [Section 6.0, Monitoring and Reporting Program Performance](#).

1.4.1 GRANTEE AWARDS

The Grantee will be allocated (LIEAF) State and, when available, (LIHEAP) Federal Assurance 16 funds.

The cover page of the Grant Agreement will have a breakdown of the LIEAF and LIHEAP funds.

For a list of the 2018 MEAP Grantees with the key contacts please see [Appendix S](#).

2.0 PROGRAM ADMINISTRATION/STANDARDS

The Grantee must adhere to all MEAP Program Standards.

2.1 GRANT PAYMENT SCHEDULE

An initial advance of 50% of the total grant award will be made to the selected applicant after a Grant Agreement is fully executed.

Two subsequent advances of 20% will be provided upon submission of a Financial Status Report/Payment Request accompanied by documentation showing that at least 50% of the prior advance has been expended.

Ten (10) percent of the total grant award will be held back pending verification and approval, by MPSC Staff, of the monthly Financial Status Reports and the Interim Project Status Reports.

Public Act 279 of 1984, MCL 17.52, states that the State shall take all steps necessary to assure that payment for goods or services is mailed within 45 days after receipt of the goods or services, a complete invoice for goods or services, or a complete contract for goods or services, whichever is later.

2.1.1 GRANTEE REGISTRATION

The MEAP Grantee will be directed to the [State of Michigan's SIGMA Vendor Self Service \(VSS\)](http://www.michigan.gov/sigmavss) website-<http://www.michigan.gov/sigmavss>. The Grantee must register as a vendor on this website to receive distributions from the MEAP and will not receive payment until they are registered as a vendor with the State of Michigan.

The Grantee must ensure that the name and address on the grant contract matches the registered name and address for vendor registration.

For instructions on how to begin the process please see [Appendix U](#).

2.2 MEAP OBJECTIVES

1. Provide support to households in applying for energy crisis assistance through the State Emergency Relief (SER) program.
2. Align customer need with an appropriate self-sufficiency plan for each household through needs assessment, vendor advocacy, energy education, financial counseling and/or case management.
3. Provide resources and services to qualifying households that will enable participants to become or move toward becoming self-sufficient which may include supplemental direct payment assistance. Success will be measured related to the percent of households receiving a self-sufficiency plan (>90%), and Assurance 16 services (>90%).
4. Ensure the prioritization of enrollment in home energy supplier affordable payment plans as an option for qualifying households.
5. Promote the discovery of innovative, cost-efficient, evidence-based methods for providing energy assistance to low-income households in Michigan.
6. Result in a convenient, customer-friendly system for distribution of energy assistance.

2.3 NON-DISCRIMINATORY POLICY

The Michigan Energy Assistance Program (MEAP) as a recipient of federal and state funding, provides all services and referrals relative to energy assistance to eligible households regardless of race, sex, color, national origin, ancestry, religious creed, disability or age.

MEAP does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by MEAP directly or through a Grantee, vendor, or any other entity with which MEAP arranges to carry out its programs and activities.

2.3.1 RELIGIOUS PREFERENCE

The MEAP Grantee shall not require applicants to divulge their religious preference in order to receive energy assistance utilizing MEAP benefits.

2.3.2 AMERICANS WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act (ADA) provides protection to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age and religion. It guarantees equal opportunity for individuals with disabilities in employment, state and local government services, public accommodations, and telecommunications.

The MEAP Grantee shall not ask the cause of an applicant's disability or any other discriminatory question when determining eligibility for MEAP benefits.

2.4 DATA SECURITY POLICY

The Grantee is responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (a) ensure the security and confidentiality of the State Data; (b) protect against any anticipated threats or hazards to the security or integrity of the State Data; (c) protect against unauthorized disclosure, access to, or use of the State Data; (d) ensure the proper disposal of State Data; and (e) ensure that all employees, agents, and subcontractors of Grantee, if any, comply with all of the foregoing. In no case will the safeguards of Grantee's data privacy and information security program be less stringent than the safeguards used by the State, and Grantee must at all times comply with all applicable State IT policies and standards, which are available to Grantee upon request.

2.4.1 DATA BREACH/LOSS OF DATA

In the event of any act, error or omission, negligence, misconduct, or breach that compromises or is suspected to compromise the security, confidentiality, or integrity of State Data or the physical, technical, administrative, or organizational safeguards put in place by Grantee that relate to the protection of the security, confidentiality, or integrity of State Data, Grantee must:

- 1) Notify the State (Michigan Public Service Commission) as soon as practical but no later than 24 hours of becoming aware of such occurrence
- 2) Cooperate with the State (MPSC and DHHS) in investigating the occurrence, including making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by the State
- 3) In the case of PII or PHI, at the State's sole election,
 - a. Notify the affected individuals as soon as practicable but no later than is required to comply with applicable law, or, in the absence of any legally required notification period, within five (5) calendar days of the occurrence
 - b. Notify non-affected individuals and households of the data breach.
 - c. Reimburse the State for any costs in notifying the affected individuals
- 4) In the case of PII, provide third-party credit and identity monitoring services to each of the affected individuals who comprise the PII for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than 24 months following the date of notification to such individuals
- 5) Perform or take any other actions required to comply with applicable law as a result of the occurrence
- 6) Without limiting Grantee's obligations of indemnification as further described in the Grant Agreement, indemnify, defend, and hold harmless the State for any and all claims, including reasonable attorneys' fees, costs, and expenses incidental thereto, which may be suffered by, accrued against, charged to, or recoverable from the State in connection with the occurrence
- 7) Be responsible for recreating lost State Data in the manner and on the schedule set by the State without charge to the State
- 8) Provide to the State a detailed plan within 10 calendar days of the occurrence describing the measures Grantee will undertake to prevent a future occurrence.
 - a. Notification to affected individuals, as described above, must comply with applicable law, be written in plain language, and contain, at a minimum: name and contact information of Grantee's representative; a description of the nature of the loss; a list of the types of data involved; the known or approximate date of the loss; how such loss may affect the affected individual; what steps Grantee has taken to protect the affected individual; what steps the affected individual can take to protect himself or herself; contact information for major credit card reporting agencies; and, information regarding the credit and identity monitoring services to be provided by Grantee.

Definitions:

Personally Identifiable Information (PII) - information that can be used on its own or with other information to identify, contact, or locate a single person, or to identify an individual in context.

Protected Health Information (PHI) - any information about health status, provision of healthcare or payment for healthcare.

2.4.2 DATA SECURITY INTERNAL AUDIT

No less than annually, Grantee must conduct a comprehensive independent third-party audit of its data privacy and information security program and provide such audit findings to the State.

2.4.3 DATA SECURITY AUDIT BY STATE/MPSC

Without limiting any other audit rights of the State, the State has the right to review Grantee's data privacy and information security program prior to the commencement of grant activities and from time to time during the term of the Grant Agreement. During the grant term and without notice, the State at its own expense, is entitled to perform, or to have performed, an on-site audit of Grantee's data privacy and information security program. In lieu of an on-site audit, upon request by the State, Grantee agrees to complete, within 45 calendar days of receipt, an audit questionnaire provided by the State regarding Grantee's data privacy and information security program.

2.4.4 TERMINATION DUE TO DATA SECURITY DEFICIENCIES

The Grantee must implement any required safeguards as identified by the State or by any audit of Grantee's data privacy and information security program.

The State reserves the right, at its sole election, to immediately terminate the Grant Agreement or a Statement of Work without limitation and without liability if the State determines that Grantee fails or has failed to meet its obligations.

2.4.5 EMPLOYEE BACKGROUND CHECKS

The Grantee must perform background checks on all employees and subcontractors and its employees prior to their assignment.

The Michigan State Police provides the Internet Criminal History Access Tool, or ICHAT, which allows you to instantaneously access the criminal history records of individuals who have been convicted of a crime in Michigan, as well as for individuals who have pending criminal cases. ICHAT is an easy way to access this information, and the fee is waived for government agencies screening employees and volunteers.

To access ICHAT type www.michigan.gov/ichat in your browser. If you have not used ICHAT before you will need to register yourself and your agency. For each entry, you will need the subject's full name (including aliases and/or maiden names), sex, race, and date of birth. The response will provide all personal descriptors on file and a list of convictions and/or pending cases involving the subject.

Please note that this search will only include convictions recorded in Michigan and reported to the Michigan State Police. Suppressed records and warrant information are not available through ICHAT. Also not included are federal records, tribal records, and criminal history from other states. A search for a record that may be in another state requires that you correspond with that state directly.

To obtain a government/charitable Agency Code (necessary to perform the checks at no charge) you will need to fax the following information to the ICHAT Coordinator at 517-241-0866:

- ✓ Agency name, address, and phone number

- ✓ Federal ID number
- ✓ Name and e-mail address of contact person
- ✓ Number of additional users
- ✓ Estimated number of annual searches
- ✓ 501c3 letter from the IRS documenting your non-profit status (if not a government agency).

Please allow two to three weeks for a response.

2.5 OUTREACH

The Grantee should conduct outreach activities designed to ensure eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this program and any other energy related assistance programs.

2.6 PROGRAM COORDINATION

The Grantees are expected to coordinate availability of this low-income energy assistance program with other program services currently provided as well as with other Grantees/agencies that provide energy assistance, weatherization, and education focused on reducing energy consumption. MI Bridges training is required to become a Partner.

2.6.1 MI BRIDGES PARTICIPATION

The Grantees are expected to partner with MDHHS to become a Navigation and Referral Partner to support households in applying for energy crisis assistance through SER and comply with MI Bridges established referral timeframes.

Expectations for MI Bridges coordination:

- ✓ Promote MI Bridges to your organization's clients, including making available MI Bridges educational materials and incorporating the use of MI Bridges into organizational processes where applicable.
- ✓ Ensure that your organization's lead point of contact actively manages all MI Bridges user accounts associated with your organization, including routinely confirming all user information is accurate and up-to-date and immediately terminating users that no longer need access to MI Bridges (e.g. as a result of a staff person leaving the organization or moving to a position which no longer requires MI Bridges access).
- ✓ Ensure that all agency staff and volunteers who are utilizing MI Bridges are registered as users and complete all required MI Bridges training(s) provided by the Michigan Department of Health and Human Services for their community partner role/permission level prior to providing MI Bridges assistance.
- ✓ Ensure that your organization never charges a fee to provide MI Bridges assistance

2.6.1.1 NAVIGATION PARTNER

A Navigation Partner is an agency that agrees to promote MI Bridges by displaying promotional materials, providing a computer(s), tablet(s), or mobile device(s) to be utilized to access MI Bridges and providing one-on-one technical and navigation assistance to potential MI Bridges applicants. The assistance provided may vary from simply answering applicant questions to helping them complete a needs survey and application online. This typically includes teaching persons how to use the system themselves, such as those without computer knowledge or literacy skills.

2.6.1.2 REFERRAL PARTNER

A Referral Partner is an agency that agrees to receive referrals sent directly from clients using MI Bridges. Clients can identify a need using the “Help Me Find Resources” feature, and the referral agency will be listed if it can help meet that need. The Referral Partner will receive referrals on their MI Bridges dashboard and contact the client to provide services within two business days.

2.6.2 GRANTEE SERVICES

The Grantees are expected to coordinate the availability of this low-income assistance program with other program services currently provided by the Grantee. This includes self-sufficiency services or programs including, but not limited to: financial or energy education, food assistance, housing assistance.

2.6.2.1 HOME HEATING CREDIT

Grantees are expected to encourage households to pursue potential resources which includes providing information to potentially eligible households (at or below 110% FPL) of the availability of the Home Heating Credit. Applications for the Home Heating Credit can be filed from January 1 through September 30 of each program year.

Per the **INCOME TAX ACT OF 1967 Act 281 of 1967, section 206.527a:**

(9) A claimant whose heating fuel is provided by a utility regulated by the Michigan public service commission is protected against the discontinuance of his or her heating fuel service from the date of filing a claim for the credit under this section through the date of issuance of an energy draft and during a period beginning December 1 of the tax year for which the credit is claimed and ending March 31 of the following year if the claimant participates in the winter protection program set forth in R 460.148 of the Michigan Administrative Code or if the utility accepts the claimant's energy draft. The acceptance of an energy draft by a utility is considered a request by the claimant for the winter protection program. The energy draft shall be coded by the department to denote claimants who are 65 years of age or older. If the claimant is a claimant whose heating cost is included in his or her rent payments, the amount of the claim not used as an offset against the state income tax, after examination and review, shall be approved for payment, without interest, to the claimant.

2.6.3 OTHER GRANTEE OR AGENCY SERVICES

The Grantees are also expected to coordinate with other Grantees or other agencies to provide access to energy crisis prevention programs, weatherization, and education focused on reducing energy consumption.

2.6.3.1 EXHAUSTING MEAP FUNDS BEFORE THE END OF THE CRISIS SEASON

The Grantee must notify MPSC before funds have been exhausted and clients have been notified. The organization's Michigan 2-1-1 Profile/Database Listing(s) must be maintained throughout the grant year. [See Section 5.2.2. Grantee Out of Funds Letter](#)

2.6.4 HOME ENERGY SUPPLIERS

The Grantee must coordinate energy assistance payments with energy suppliers to more efficiently serve the needs of low-income households.

2.6.4.1 AFFORDABLE PAYMENT PLANS

To ensure the continuation of enrollment in home energy supplier affordable payment plans as an option, applicants must work with home energy suppliers that have ongoing affordable payment plans. The local service provider and the home energy supplier will be responsible for creating their own partner agreements but a strong partnership agreement could among other things demonstrate:

- ✓ Report design: with roles, responsibilities and timeframes outlined for local service provider and home energy supplier; include required reporting of gap and arrearage credits by service type
- ✓ Expectations for invoicing and reporting on customer activity: customers who have fallen off, missed payments, role of local service provider or home energy supplier in providing support to struggling customers
- ✓ Expectations for data collection and availability: which includes data to support the program's goals, as well as success metrics as outlined in the Final Project Status Report.
- ✓ Marketing support

2.7 CUSTOMER SATISFACTION SURVEY

The Grantee must develop a customer satisfaction survey tool and utilize it throughout the grant term. Survey tool should be distributed to applicants (eligible or non-eligible household).

An example of a survey tool is provided, [See Appendix A](#).

The Grantee should be tracking the number of surveys distributed, response rate, and survey results. Information regarding surveys and the survey data should be available upon request.

3.0 CLIENT ELIGIBILITY

Income guidelines are legislatively mandated and are based on the Federal Poverty Level as published each year by the Federal government. Eligible households must be at or below 150% FPL, and MEAP Eligibility Guidelines will be established at the beginning each fiscal year.

3.1 CLIENT APPLICATION PROCESS

Provide specific services that will intervene to assist eligible low-income households meet home energy costs for their primary residence through payment or partial payment of bills for natural gas, electricity, propane, fuel oil, geothermal, or other household heating fuel used to provide residential heat.

Provide programs that include services that will enable participants to become or move toward becoming self-sufficient, which may include assisting participants to enroll in energy supplier affordable payment plans. Other services include those that will assist participants in paying their energy bills on time, assisting participants in budgeting for and contributing to their ability to provide for energy expenses, and assisting participants in utilizing energy services to optimize on energy savings.

Implement the MEAP Self-Sufficiency Plan, or obtain MPSC approval of the form being utilized by the MEAP Grantee. This will ensure that every MEAP assistance form includes all questions and requested information contained in the [MEAP Self-Sufficiency Plan \(Appendix B\)](#).

A signed and dated (including a received date-stamp if received by mail or electronically) Self-Sufficiency Plan document must be included in the client file. It is critical that all completed Self-Sufficiency Plan documents MUST BE signed and dated. If the name on the utility bill is different than the client's name, an explanation must be included in the client file as to why the responsible party listed on the utility bill is not the one applying for MEAP assistance. The only requirement is that the service must be at his/her residence. Please see [3.6 Client File](#)

Employees who are eligible to receive LIHEAP benefits must not be denied MEAP solely based on the fact that they are employed by a grantee. Agencies must put into place sufficient program integrity safeguards to ensure that employees are not receiving differential treatment or self-certifying their own Self-sufficiency Plan or those of their relatives.

When a bill represents combined residential and nonresidential or business usage please see [section 4.3 Non-Covered Services](#).

3.1.1 AFFORDABLE PAYMENT PLAN CRITERIA

In addition to general MEAP eligibility criteria, households must meet other eligibility criteria for enrollment in an Affordable Payment Plan. Consumption/Usage and customer account balance criteria vary by utility company.

Households with zero income should not be considered for Affordable Payment Plan enrollment. If a household reports income to a MEAP grantee but is listed at 0% income on the SER FPL list the grantee should email the MDHHS-MEAP mailbox with case information to receive clarification and confirm

actual zero income. If a household presents to a MEAP grantee with income that is newly acquired since the SER eligibility period, the grantee can document in the client file the details of the employment including the name of the employer, the name of the household member with the income and the start date and proceed with the APP enrollment.

3.1.2 MEAP EQUITABILITY STATEMENT

MEAP households must be provided with the MEAP Services Statement. The purpose of this statement is to inform applicants and recipients of the additional services available through MEAP. This statement may be included on the MEAP Self-Sufficiency Plan. See statement below:

By requesting assistance through MEAP, you may be referred to or be required to participate in additional services such as budgeting assistance, energy audits, or other programs that will help your household pay energy bills and understand energy consumption.

3.2 RE-ESTABLISHING ELIGIBILITY (MULTIPLE ASSISTS)

If the group composition and income has not changed, SER eligibility determinations for energy services can be used for the fiscal/program year. If a change in the household is reported, SER eligibility must be re-determined. Household changes include, but are not limited to, the following: change of address, income, or household composition.

Eligibility verification for households enrolled in home energy supplier affordable payment plans is valid for the grant year.

Households that enrolled in home energy supplier affordable payment plans in FY 2018 and are have not defaulted from the program will be considered automatically re-enrolled for FY 2019.

3.3 CLIENT FILE

The Grantee must maintain a client file for all recipients of MEAP funds. At a minimum, the file must include documents used to verify eligibility including:

1. The MEAP Self-Sufficiency Plan and any check lists or other documentation used by the Grantee to ensure that all required client information is gathered, documented, and retained in the client file. The Plan must include:
 - ✓ Full name of the client and all members of the household
 - ✓ MDHHS Case Number for household
 - ✓ Address
 - ✓ City and Zip Code
 - ✓ County
 - ✓ The client and the intake worker's signatures
2. Document that verifies SER eligibility and FPL if the household is being enrolled in an APP. Documents may be originals or copies of the original document. Facsimiles are acceptable documents. Acceptable proof of SER eligibility includes DHS-1419 SER Decision Notice, Navigator

screen print of SER eligibility, or documentation of collateral contact with MDHHS which must include date, signature of the agency representative, along with the name of the MDHHS staff person who provided the information. Additionally, a note indicating the week that the SER data file was accessed on Salesforce will be acceptable. *Note: The “Dates Covered” must include a starting date equal to 10/1/2018 or later. The DHS 509 does not include this date and should not be used, especially at the start of the new fiscal year.*

3. For direct energy assists, document the energy type and dollar amount of assistance, and retain a copy of the utility bill or estimate for deliverable fuel (LP Gas/Propane, Fuel Oil, and Coal), wood or other non-traditional fuel. If the address on the utility bill is different than the address of the client, an explanation must be included in the client file. If the name on the utility bill is different than the client’s name, an explanation must be included in the client file.

When assistance is provided for a deliverable fuel, the Grantee must obtain a copy of the service invoice prior to issuing payment. Approval should be based on an estimate provided by the service provider. The amount issued to the provider cannot exceed the estimated amount which was used for the eligibility determination. Retain a copy of the invoice which documents the amount of deliverable fuel provided and the amount of the deliverable fuel in the tank prior to delivery. If the fuel tank capacity was above 25% at the time of delivery, no MEAP payment should be made.

4. Document Assurance 16 activities:
 - ✓ Needs assessment and referral information
 - ✓ Financial education activities
 - ✓ Energy education activities
 - ✓ Vendor advocacy
 - ✓ Long or short-term case management plan (if applicable)

The documents must contain a date on which the activity occurred, what the activity included, and documentation of that activity on paper or in the grantee’s database.

5. Has the household received MEAP assistance since October 1? If yes, document information for the prior services including the date, assistance amount, Assurance 16 activities, home energy supplier, and MEAP grantee that provided the assistance.

Client File Eligibility Review Check List – [Appendix T](#)

3.3.1 RETENTION SCHEDULE

The State or its designee may audit Grantee to verify compliance with this Grant. Grantee must retain and provide to the State or its designee upon request, all financial and accounting records related to the Grant through the term of the Grant and for 4 years after the latter of termination, expiration, or final payment under this Grant or any extension (“Audit Period”). If an audit, litigation, or other action involving the records is initiated before the end of the Audit Period, Grantee must retain the records until all issues are resolved.

4.0 MEAP BENEFITS

MEAP direct assistance payments are made to an eligible household's energy supplier for qualifying households. SER applicants will be eligible to receive self-sufficiency services, including case management through MEAP grantees. Households who qualify for an SER energy payment will be eligible for MEAP direct payment assistance, including enrollment in an affordable payment plan.

4.1 HOME ENERGY SUPPLIERS

Energy assistance payments are issued to a home energy supplier listed on the current month's Energy Provider List. Energy Provider Lists are distributed on a monthly basis by the MPSC Grant Administrator. All home energy suppliers must be registered in the [State of Michigan's SIGMA Vendor Self-Service System \(VSS\)](http://www.michigan.gov/VSSLogin) (www.michigan.gov/VSSLogin) and also be enrolled as an eligible supplier by MDHHS. Completion of a DHS-355, Participation Agreement for Michigan's Low-Income Home Energy Assistance Program, is required in order to be enrolled as an eligible LIHEAP home energy supplier.

Registration in SIGMA as well as enrollment as an eligible LIHEAP home energy supplier are requirements of all home energy suppliers and vendors receiving payments from MEAP Grantees on behalf of low-income households.

Revisions or corrections to **vendor registration through SIGMA** should be done through the SIGMA Vendor Self-Service portal: www.michigan.gov/VSSLogin. Additional guidance and reference documents are available on the SIGMA VSS login page.

Revisions or corrections to a supplier's **MDHHS enrollment** must be submitted in writing, by the supplier, on a DHS-355 or their business letterhead and sent directly to the Provider Management Payments Unit.

Please mail, email, or fax provider enrollment or change requests to:

Mailing Address:

Michigan Department of Health and Human Services
Provider Management Unit
Grand Tower, Suite 1402
235 S. Grand Avenue
Lansing, MI 48933-1802

Email: MDHHS-Provider-Management@michigan.gov

Fax: (517) 241-7508

DHS-355 can be found at: http://www.michigan.gov/documents/dhs/DHS-0355_227343_7.pdf

4.1.1 TAX REPORTING

The Grantee is required to issue a 1099-Misc Form to each provider or vendor who receives \$600 or more in MEAP funds, see ‘Specific Instructions’: [State of Michigan’s guide for 1099 Reporting; IRS Instructions for the 1099-MISC](#)

4.2 DIRECT SERVICES/COVERED SERVICES

When a household’s electric or primary heat service for their current residence is in past due status, in threat of shut off, or is already shut off and must be restored, payment may be authorized to the home energy supplier. Payment may be made on a prepayment account for natural gas or electric services when the balance remaining in the account does not exceed \$100.

Deposits, special trip charges, pilot relights, pressure checks, reconnect fees, and related charges such as propane storage tank installation, delivery, or rental can be paid if they are required by an unregulated home energy supplier to prevent an emergency. **Note:** Payment to some regulated suppliers for reconnect fees may be authorized; please inquire with the Grant Administrator if this occurs.

Deposits as a condition of providing new service, service to a previous customer or continuing service to a current customer, cannot be required by a regulated home energy supplier if the Department of Health and Human Services or MEAP is responsible for making payments to the supplier for the applicant/customer.

MEAP Assurance 16 Program Costs can cover expenses directly related to the delivery of energy assistance self-sufficiency activities offered by MEAP. Self-sufficiency activities must include services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance. Assurance 16 activities include needs assessment and referrals, energy education and financial counseling, and vendor advocacy which may include enrollment in an affordable payment plan, and short and/or long-term case management.

4.2.1 SELF-SUFFICIENCY SERVICES

MEAP Grantees should administer programs that create opportunities for low-income customers to work toward self-sufficiency. Assurance 16 Self-sufficiency services should be included as separate items within either the EAP Contractual or EAP Personnel section of the budget. Self-sufficiency services include activities that contribute towards reducing household energy need and enabling energy security. See [Section 4.2 Direct Services/Covered Services](#).

Self-sufficiency expenditure includes services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance. Services include: needs assessment, energy and financial counseling, assistance with energy providers – working with a provider on behalf of a household to enroll in an affordable payment plan, negotiating arrearage forgiveness, or establishing a payment plan.

4.2.2 DELIVERABLE FUELS AND WOOD

Do **not** authorize a payment **before** a service is provided **or** before the household has made a required copayment, contribution or prorated payment. This will avoid situations where payments are made without services being provided.

Payments for deliverable fuels must not be released until the service has been provided and an invoice has been received. The invoice must contain the date service was provided, cost of service and the provider must also confirm that the residential fuel tank did not contain more than 25% of its heating fuel capacity at the time of delivery.

Households who heat with wood must confirm delivery of product prior to payment being released or the Grantee must receive an invoice for delivery from the provider.

4.3 NON-COVERED SERVICES

Do not authorize energy services to pay for:

- ✓ Unauthorized or illegal use. Please refer to section [4.3.3 Theft/Fraud](#) for more information
- ✓ Regulated utility/energy provider late fees
- ✓ Charges for opting out of AMI/Smart Meter programs
- ✓ Optional services such as appliance repair or appliance protection programs
- ✓ Bankrupt accounts
 - In some cases, bankruptcy may be listed on the customer's account in ORA or CE Pass for historical purposes. Please confirm with the energy provider whether or not the bankruptcy status is still current. **Exception:** If the utility provider knows the dollar amount that is NOT subject to the bankruptcy, and that dollar amount that is not subject to the bankruptcy would resolve the emergency for the next 30 days payment could be made if all other eligibility requirements have been met, and if the client would not exceed the \$3000 cap.
- ✓ Cooking gas
- ✓ Service used in businesses or nonresidential buildings or facilities such as rental units, garages, stores, or nonresidential farm uses. When a bill represents combined residential and nonresidential or business usage, pay only the residential portion if the utility can provide an approximate breakdown showing the residential use portion and the group applying for energy services pays the nonresidential costs. In the case of a client who works in their own home, if the bill is in the client's name and the service address is the same as the client's residence address, it is considered a residential bill and payment may be authorized. If the bill is in the name of the client's business, it is considered a commercial bill and payment cannot be authorized.
- ✓ Common meter/service situations. This occurs when one meter or heat/electric unit services more than one residential unit or residence. If the energy provider can verify the group's actual usage and the provider will accept the household's portion and maintain services, payment may be made in full.

- ✓ Payments to residential landlords, residential management companies, billing service agencies, or collection agencies are not eligible to receive emergency service or MEAP funds, as they are not the actual service provider. Examples of third party billing companies who are not eligible providers include:

- Universal Utilities
- D & B Billing Services
- Electrical Inspection Company
- Infinity Billing Enterprises

Exception: Accounts that have gone to collections can be paid if the collections department is one within the original utility provider, for example DTE’s collections department. If the account has been turned over to an outside collection agency, then the bill is not able to be paid with MEAP funds.

Exception: Utility bills that are in the landlord’s name only if the payment is made directly to the utility, and if there is documentation stating that the client is responsible for the utility bill.

- ✓ Energy services when the usage is in violation of the federal law

Example: A client has requested assistance for an electric shut off which includes costs associated to manufacturing “medical” marijuana. The client is not eligible for MEAP since federal law, 21 U.S.C. 841(a) prohibits the manufacturing of marijuana.

- ✓ Secondary household fuel types; Payment may only be approved for the primary heating source
- ✓ Utility cut and cap fees/meter relocation fees
- ✓ If a MEAP Grantee authorizes deliverable fuel services and the provider discovers the client’s tank is over 25%, the client/applicant is responsible for any costs incurred

4.3.1 LATE FEES

In compliance with R460.122(2) of the Michigan Administrative Rules, Grantee must ensure that MEAP funds are not used to pay late payment fees assessed by regulated utilities and included on client’s monthly heating bills. R460.122(2) states, “[a] utility shall not assess a late payment charge against a customer whose payments are made by the department of human services or who is participating in a shut off protection program. . . .”

MEAP funds can be used to cover late fees associated with non-regulated utilities. Any fees on an invoice for deliverable fuel must be clearly identified. Administrative fees (fees for processing paperwork for a MEAP recipient) are not allowed and should be reported to MPSC.

Example of DTE Energy ORA Statement Late Fee See [Appendix L](#)

Example of SEMCO Bill - Late Fee. See [Appendix M](#)

Example of Consumers CEPASS Statement – Late Fee. See [Appendix N](#)

4.3.2 UNREGULATED SERVICE CHARGES

In compliance with R460.125 of the Michigan Administrative Rules, Grantee must ensure that MEAP funds are not used to pay for unregulated service charges, such as appliance repair or appliance

protection programs that may be included in a utility's monthly electric or gas service bill. R460.125 states, "[a] utility may include charges for unregulated services, such as appliance repair or appliance protection programs, together with charges for gas and electric service on the same monthly bill if the charges for the unregulated services are designated clearly and separately from the charges for the gas or electric service and it is noted that it is an unregulated service. Failure to pay for unregulated service charges may result in the termination of that service but not the termination [or shut off] of the gas or electric service.

Example of DTE Energy Non-Covered Service – HPP See [Appendix K](#)

4.3.3 THEFT/FRAUD ON CLIENT'S ACCOUNT

Clients who are suspected to have committed fraud or theft cannot be denied MEAP assistance. Utility companies may flag the account for fraud/theft based on a tip or complaint before a formal investigation takes place.

MEAP benefits cannot be used to pay for unauthorized or illegal usage. In situations where the provider can identify the unauthorized or illegal usage separately, MEAP may be authorized for the past due or shut off amount, if the household meets all other eligibility requirements. The client must provide proof that they have paid the charges associated with the unauthorized or illegal usage before the MEAP payment can be issued.

Grantees who suspect fraud should complete the online form through the Office of Inspector General and inform the MPSC Grant Administrator once the form has been filed.

Please refer to [Appendix W – DHS-834 Fraud Investigation Request Form](#).

Please refer to [Appendix C- Suspected Theft/Fraud Flowchart](#).

4.4 MEAP CAP

For direct energy payments, the general household cap for MEAP allows for payment of up to \$2,000 for each qualifying household during the grant period.

When determining eligibility for MEAP assistance, you must deduct any prior MEAP assistance benefits issued through the programs above during the fiscal year, from the household's fiscal year cap of \$2,000. Households with a balance exceeding \$2,000 should not be automatically denied or turned away. *Note: Energy assistance payments issued through SER do not count toward the household's MEAP cap.*

Energy providers may be asked to refund any benefits that exceed that cap amount.

4.4.1 EXCEPTIONS

If there are extenuating circumstances, assistance payments exceeding \$2,000 should be forwarded to the MPSC Grant Administrator to be considered for a MEAP exception.

4.4.2 BILL TRANSFERS

Utility and customer rights and responsibilities can become complicated. The MPSC Grant Administrator has heard of many situations of a Grantee assisting a client with a high arrearage balance due to the fact that a previous unpaid bill was transferred to the client's utility bill.

A utility may transfer an unpaid balance for gas or electric service at a previous address when a customer moves and opens a new account. A utility may also transfer all or a portion of an unpaid balance if the customer opening a new account lived in a person's residence when all or part of a gas or electric debt was incurred within the past three years, and the person with the delinquent account currently resides with the customer.

MPSC has a staff of regulation officers that assist customers to resolve utility complaints and inquiries. The MPSC Grant Administrator will forward all instances of utility bill transfers with high arrearage to MPSC regulation officers to investigate to ensure that the bill transfer was made in compliance with MPSC consumer standards and billing rules, prior to approving any cap exceptions.

If Grantee has any other client utility issues that need to be investigated or resolved, regulation officers can be reached at 800-292-9555. Identify that you are a MEAP Grantee working on behalf of a client or ask your client to call MPSC at 800-292-9555 to resolve their utility issue.

4.5 STATE EMERGENCY RELIEF (SER)

A MEAP household must receive an SER payment for each commodity that the MEAP grantee is providing support for. SER policy will allow the issuance of one heat payment and one payment for non-heat electricity, up to the fiscal year SER cap. Subsequent requests for SER (for the same commodity) would be denied. At the time of denial, they would be referred to a MEAP grantee by contacting 211.

Scenario 1: A client applies for help with deliverable fuel > SER assistance is approved > client participates with a MEAP grantee and creates a self-sufficiency plan. The same client gets a shut off notice for their electricity. They are expected to apply for SER for help with the other energy commodity even if they are already receiving self-sufficiency services from the MEAP grantee.

Scenario 2: The same household is approved for deliverable fuel assistance in November but does not work with a MEAP grantee and needs assistance with propane again in March. In this case, participation with a MEAP grantee and completion of a self-sufficiency plan is required to get any additional MEAP assistance for the deliverable fuel.

Eligibility for SER qualifies a household for MEAP services for the entire fiscal year.

Note: If a customer has a combined electric and natural gas account and is approved for only one commodity/service, the household will be considered MEAP eligible for both service types.

If a MEAP Grantee is assisting with an allowable SER co-pay by DHHS, the MEAP grantee must notify MDHHS of the guarantee of payment. Once the grantee has verified the MEAP assistance for the co-pay, the SER payment will be authorized.

4.5.1 SER CO-PAYMENT

If the client has a co-payment that results from an asset or alien proration co-pay, MEAP funds cannot be used to assist with that amount.

If the client has a co-payment that results from a shortfall in required payments, MEAP funds can be used to assist with that amount. The payment should not be released until a self-sufficiency activity as determined by the agency as appropriate has been completed. A copy of the household budget should be retained in the client file.

If the client has a co-payment that results from an amount that is over SER cap, MEAP funds can be used to assist with that amount. The household must complete a MEAP Self-Sufficiency Plan in order to receive a direct assistance payment through MEAP.

Enrollment in an affordable payment plan is sufficient “proof” of co-payment for households with a shortfall and/or over cap co-payment requirement. The Proof of Affordable Payment Plan enrollment for SER copay form must be used for to notify DHHS of the client’s enrollment in an APP in lieu of making a co-payment.

Note: When making a copayment for alien proration and/or an asset copay out of *non-MEAP funds*, include a comment indicating as such on documentation sent to MDHHS.

See [Appendix U](#) for additional details and examples and [Appendix V](#) for the APP enrollment for SER co-payment form.

4.6 ENERGY ASSISTANCE UNDERPAYMENTS, OVERPAYMENTS, AND REFUNDS

The Grantee is responsible for correcting and resolving any overpayments or underpayments made in error to an energy provider or vendor on behalf of a low-income household regardless of when the error occurred or is discovered.

4.6.1 UNDERPAYMENTS

In the event of an underpayment, it is the responsibility of the Grantee to determine the amount and authorize a supplemental payment that will resolve the underpayment. The Grantee must provide the Michigan Public Service Commission with supporting documentation that verifies all supplemental payments made to energy providers and vendors to resolve underpayments.

4.6.2 OVERPAYMENTS

In the event of an overpayment, it is the responsibility of the Grantee to determine the amount and request that the energy provider or vendor return any overpayment. The request for a refund must be in writing, include the mailing address for the return and identify the account that was incorrectly authorized or overpaid. Please allow the provider 14 days, from the date notified of the overpayment to refund the money. The agency must provide the MPSC with supporting documentation that verifies all overpayment refunds received from energy providers and vendors. In instances where a provider fails to return funds or is not cooperative in returning funds, please notify MPSC.

MEAP payments that result in an account credit are considered an overpayment and must be refunded by the provider.

4.6.3 REFUNDS

If an energy supplier or vendor refunds an energy assistance payment to a Grantee during the grant term, the refund may be used to serve additional eligible households during the grant term.

However, if an energy provider or vendor refunds an energy assistance payment to a Grantee after the grant term has ended, the refund must be returned to the State of Michigan. Monies refunded after the grant term has ended cannot be used to provide services to additional eligible households. Any and all refunds received after the end date of the grant term must be returned to the State of Michigan.

The check should be made out to State of Michigan and mailed to the address below.

State of Michigan
Department of Licensing and Regulatory Affairs
PO Box 30015
525 W. Allegan Street
Lansing, MI 48909

Also include the following information with the returned check:

- MEAP Grant #
- Case #U-17377
- Check # and amount
- Original assistance amount and original date of assist
- First and Last Name of account holder
- Make a note on the memo line of the check indicating the MEAP Grant, to ensure that the funds are returned to the proper account. (e.g. 2019 MEAP Grant)

4.6.3.1 CLIENT LIST REFUND RECONCILIATION

In order to document the refund of an energy payment during the grant term, the Grantee must also correct the household assist file. For instance, if the grantee's household assist file/client list reflects \$200.00 for the month of October, but the payment was refunded in full in December, the grantee must reflect an adjustment of (\$200.00) to the household assist file/client list for the same client in the period that the adjustment is recorded (December).

5.0 NOTICE OF SERVICES

A determination notice must be provided to all MEAP applicants notifying the household of the services included in their self-sufficiency plan.

5.1 APPROVAL PROCESS

Households who are approved for MEAP direct payment assistance must receive a written notice of approval. The notice should include any contributions the household must make to resolve the crisis. If the household is approved for a home energy supplier affordable payment plan, the terms of the program must be provided along with the approval notice.

5.2 DENIAL PROCESS

Households who are denied MEAP benefits must receive a written notice of denial including the reason for the denial. The denial notice must include information on how to request a review of the denial and an appeal form (Request for Review). If the client is denied assistance due to lack of Grantee funding, the notice should also include a referral to another Grantee.

5.2.1 CLIENT APPEAL/REQUEST FOR REVIEW

Grantees shall establish a procedure by which clients wishing to contest a decision or the timeliness of such a decision may be referred to MPSC for a re-examination (Second Review Process). MEAP households must be able to contest decisions for denials and other compliance issues. The client or their representative has 90 calendar days, from the date of the written notice, to request a review.

The MEAP Grantee must review the determination for accuracy and program requirements, in an attempt to resolve the complaint. The review must be completed by someone other than the person who completed the intake, such as a supervisor or manager.

In the event that the client remains dissatisfied with the action taken, the Request for Review must be forwarded to MPSC. The case must be documented to indicate what actions were taken. Copies of Requests for Reviews must be retained in the client's file.

All escalated requests for review must be sent to MPSC within 10 business days from the date the escalated request was received by the Grantee.

5.2.2 GRANTEE OUT OF FUNDS LETTERS

MEAP households seeking assistance must receive a written notice that the Grantee has exhausted their funds. The Grantee must work with other MEAP Grantees to facilitate the referral of clients within a timely manner. The notice must clearly state that the Grantee has exhausted MEAP funds and provide information regarding other MEAP Grantees and include an appeal form or Request for Review.

5.2.3 NON-PARTICIPATING PROVIDER DENIAL

Michigan law prevents electric companies, who have opted out of collecting the funding factor for MEAP, from disconnecting electric service to their customers between November 1st and April 15th. Deny requests for direct energy payment assistance between November 1st and March 31st if the service provider is a non-participating electric service provider for the current fiscal year.

Direct payment assistance for qualifying low-income households whose service provider opted out of collecting the MEAP surcharge resumes on April 1st.

6.0 MONITORING AND REPORTING PROGRAM PERFORMANCE

MPSC receives and distributes state and federal funds to support the Michigan Energy Assistance Program. As a condition for receipt of these funds, the department must ensure compliance with state and federal regulations.

Grantee is required to assume responsibility for monitoring and reporting. Grantee will monitor performance to assure that time schedules are met and projected work by time period is accomplished. Grantee will be provided information regarding and access to a secure site (Salesforce) that must be utilized when electronically submitting required reports and requested client eligibility verification documentation.

The Grantee is required to submit periodic reports to staff documenting the financial and programmatic progress of the grant. The Grantee is required to submit the following reports:

- ✓ Households served data/Client lists
- ✓ Client File Samples
- ✓ Financial Status Reports
- ✓ Program Status Reports
- ✓ Interim Project Status Reports See [Appendix Q](#)
- ✓ Final Project Report See [Appendix R](#)

Any deviations from the reporting schedule must be approved by the MPSC Grant Administrator.

For Grant Year 2019, refer to [Appendix I – 2019 MEAP Reporting Schedule](#)

6.1 HOUSEHOLDS SERVED DATA AND DOCUMENTATION/CLIENT LIST

Grantee must adhere to standardized reporting requirements uniform lists of values and parameters when submitting low-income household information to MPSC, e.g. program year, Grantee ID, organization ID, MDHHS Case ID, poverty level, state, county, energy provider, assistance program, service type, etc., into selected applicant's low-income household tracking/database system. MPSC Validation Tool spreadsheet is provided in [Appendix D](#).

Grantee will provide a two monthly Household Assist Files/Client Lists (using the two separate tabs on the Validation Tool template) that reflects every household served during each reporting period for each FSR and should include corresponding household information. One list will include any direct assistance payments and the second list will include any households that received Assurance 16 services.

Households served includes those that received an energy assistance payment or participated in a self-sufficiency activity during the period.

The Household Assist Files/Client Lists must be submitted by the Grantee in Salesforce using the CSV format along with the corresponding FSR. On occasion, an Excel format may be required to be submitted under the Financial Status Report tab.

6.2 HOUSEHOLD CLIENT FILE SAMPLING

MPSC will review and perform an attribute-sampling of the client lists, and request that the Grantee provide client/household energy payment and self-sufficiency documentation collected during the reporting period. All sample requests are due within 10 business days from the date of request.

6.3 FINANCIAL STATUS REPORTS

Financial progress is reported on Department of Licensing and Regulatory Affairs (DLARA) Form C-108 Financial Status Report (FSR). FSRs are used to report expenditures, request advances of funding, and request reimbursement.

Grantee will submit a signed and dated FSR to the MPSC Grant Administrator, through the online platform [Salesforce](#), indicating the amount of funds expended in each line item category of the budget.

Monthly FSRs must include source documentation that supports all reported expenditures including, but not limited to, general ledgers, time sheets, payroll registers, invoices, check copies and bank statements, or cancelled checks. Expenses will be verified based on actual expenditures incurred within the grant period that are supported by source documentation, not budgeted amounts. Monthly FSRs will be completed on Form C-108, which will be provided to the Grantee by the MPSC Grant Administrator. The C-108 provided will be formatted in accordance with the Grantee's approved budget.

6.3.1 FINAL FINANCIAL STATUS REPORT

Grantee must submit a signed and dated final FSR to the MPSC Grant Administrator via [Salesforce](#) indicating the amount of funds expended in each line item category of the budget by October 15th of the next fiscal year. The Final FSR must include source documentation that supports all reported expenditures including, but not limited to, general ledgers, time sheets, payroll registers, invoices, check copies and bank statements, or cancelled checks. Expenses will be verified based on actual expenditures incurred within the grant period that are supported by source documentation, not budgeted amounts. The Final FSR will be completed on Form C-108.

6.4 PROGRAM STATUS REPORTS

Monthly program progress is tracked on a spreadsheet by the MPSC Grant Administrator. Grantee will submit upon request information indicating the number of households served, number of enrollments, as well as progress toward timeline, objectives, and milestones set forth in the Grantee's work plan, including information regarding client survey information (see [Section 2.7](#))

6.5 PROJECT STATUS REPORTS

Interim and Final Project Status Reports are used to update MPSC on the programmatic progress of grant activity at specific intervals throughout the grant term. MPSC will use these reports to monitor performance and determine if time schedules are being met, delays are encountered, and the Grantee is meeting program objectives.

Grantee must submit Interim and Final Project Status Reports [via Salesforce](#) based on the current fiscal year's MEAP Reporting Schedule; see [Appendix I](#) for the current fiscal year's Reporting Schedule.

6.5.1 LIHEAP ASSURANCE 16 REPORTING

Assurance 16 is intended to develop information and energy education materials to LIHEAP clients over an extended period of time. Energy education can include, but is not limited to, providing resources to clients to aid them in communicating more effectively with energy vendors in order to maintain service, providing information on reducing energy usage and obtain energy efficiency services, and working with clients to improve financial management skills that help clients proactively manage energy bills.

DHHS is responsible for completing all LIHEAP reports. DHHS must report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Grantee reports to MPSC will include the necessary information for the LIHEAP reporting requirements. Grantee should retain the following information in the client file:

- ✓ *A signed and dated LIHEAP Assurance 16 agreement (MEAP Self-Sufficiency Plan)*
- ✓ *Needs Assessment and Case Plan*
- ✓ *Counseling activities and documentation*
- ✓ *Vendor assistance documentation*
- ✓ *Type(s) of Payment Assistance*
- ✓ *Exit Interview*

See [Appendix J](#) for detailed information.

6.6 SITE VISITS

MPSC will perform ongoing and regularly scheduled site visits to monitor grant recipients. Site visits will be utilized to educate the Grantee about the grant process, assess project progress, observe project deliverables, and address problems, delays, or other issues that may arise during the grant term.

6.6.1 INITIAL SITE VISIT

MPSC will conduct an initial site visit within the first quarter of the Grant Agreement signing. An initial site visit will be made in addition to the regularly scheduled site visits. This visit will be utilized to meet the Grantee, discuss grant expectations, explain reporting requirements, and answer questions posed by the Grantee. As a substitute for the initial site visit, the Grantee may visit staff at the MPSC office in Lansing.

6.6.1.1 RISK-BASED APPROACH

MPSC will use a risk-based approach for scheduling and conducting site visits. Each grant poses a unique risk therefore requires a unique level of overview by MPSC. Throughout the grant term corrective action plans will be implemented as needed. Corrective action plans will provide detail for any issues noted

during the review period and the timeline in which the identified issues are required to be corrected. An example of a corrective action plan will be provided at a later date as an Appendix to this manual.

6.7 INTERNAL MONITORING

Grantee must provide fiscal control and financial accounting procedures that will assure that grant funds will be accounted for and properly dispersed in a way that will allow the Issuing Office to clearly review and verify all grant related expenditures. Upon request from MPSC, the Grantee must provide detailed internal control procedures, including a list of segregation of duties.

Example:

Duty	Responsibility of Duty	Name of Staff 1 Performing Duty	Name of Staff 2 Performing Duty2	Name of Staff 3 Performing Duty
Cash				
Purchasing				
Billings & Receivables				
Accounts Receivable				
Payroll				
Inventory				

Evaluate your administrative and program structure to determine process improvements and staffing changes that are needed to handle additional client services and distribution activities prior to and during the grant term.

7.0 GRANT EXPENDITURES

Grant expenditures must be supported by source documentation including, but not limited to, chart of accounts, general ledgers, time sheets, payroll registers, invoices, receipts, check copies and bank statements, or cancelled checks, and travel logs. Expenses will be verified based on actual expenditures incurred within the grant period that are supported by source documentation, not budgeted amounts.

7.1 PERSONNEL

Personnel includes all administrative and Energy Assistance Program personnel.

When submitting the monthly Financial Status Report (FSR), timesheets and payroll registers must be submitted for all staff for that reporting period. Hours worked on the grant will be calculated and reimbursed based on actual hourly rates, not budgeted amounts. Personnel costs can only include wages and fringe benefits for employees on the Grantee's payroll.

Note: Documentation for Assurance 16 services provided by workers employed by the grantee should include a timesheet itemizing time spent on A16 services. The description should indicate which "type" of A16 service occurred.

[Appendix E](#) is a sample time sheet for hourly individuals working on the grant, and [Appendix F](#) is a sample time sheet for salaried individuals working on the grant. The timesheets are provided as a guide; a timesheet used by the Grantee to track grant related hours is also acceptable but must include all information requested in the sample time sheet. Please note the sample time sheets include columns for hours worked on the Grantee's MEAP grant and hours worked on other MEAP Projects. If your organization has a MEAP grant and is also providing services to another MEAP Grantee, it is required that those hours are reported on the timesheet.

See [Appendix J](#) for examples of allowable Assurance 16 services and a sample time card for breaking down time spent on different tasks.

7.1.1 DISALLOWED PERSONNEL EXPENDITURES

Sick pay, vacation pay, holiday pay, bonuses are disallowed costs. Only overtime calculated at the regular hourly rate can be charged to the grant, regardless of the rate of compensation (i.e. time and a half).

7.1.2 FRINGE BENEFITS

Fringe benefits may not exceed 35% of the employee's salary. Fringe benefits will be reimbursed based on actual expenditures up to 35%, not on budgeted amounts. Allowable benefits include: health, dental, and optical insurance, employer-paid Social Security and Medicare tax, Michigan and Federal unemployment tax, and other miscellaneous fringe benefits (life insurance, long- and short-term disability insurance, worker's compensation, and retirement program contributions up to 4%). The fringe benefits that are charged to the program should not be more than what the Grantee is reported as paying on the actual paystub, for example some fringe benefits are calculated after pre-tax

deductions are taken out. The Grantee must submit documentation that supports actual expenditures including invoices and proof of payment for all insurances; worker's compensation documentation with employee classification codes; unemployment statements that include current employer rate; invoices with all documentation supporting employer paid contributions to retirement and 401k programs.

A copy of the organization's policies and procedures (employee handbook etc.) with regard to fringe benefits must also be provided to the Michigan Public Service Commission.

7.1.2.1 OPTING OUT OF INSURANCE COVERAGE

If the Grantee offers a program that compensates employees for opting out of insurance coverage, Grantee must provide details regarding the opt-out program, and a breakdown of costs for each individual working on the grant that has chosen to participate. Payments made to employees who participate in the opt-out program will be included in fringe benefit calculations.

7.2 SUPPLIES, MATERIALS, AND EQUIPMENT

Grantee will only be reimbursed for supplies, materials, and equipment included in the budget and/or detailed in the budget narrative. Documentation supporting the expenditures must be submitted with the FSR, including invoice and/or receipt, and proof of payment. Grantee must also submit a summary page that details the items charged to this category during the reporting period that includes the budget line number the item is being charged to, the portion being charged to the grant, and the total being charged to the grant (which must match the expenditures reported on the FSR under this budget category). See Example below:

Supplies, Materials, and Equipment Expenditure Summary		
Item(s) Purchased	Budget Line No.	Amount Charged to Grant
Postage	94	\$150
Outreach Brochures	96	\$1,250
	Total	\$1,400

The cost of each individual equipment purchase must be preapproved by MPSC Staff or will result in the disallowance of that individual expenditure.

7.3 CONTRACTUAL SERVICES

All contracts must be competitively bid. In the event a competitive bid is not feasible or practical, the Grantee must obtain the written approval of the MPSC Grant Administrator before making a sole source selection. Grantee must provide a copy of contracts, memoranda of understanding, or agreements signed by Grantee and all contractors listed under Contractual Services.

Grantee will only be reimbursed for services performed by contractors included in the budget and/or detailed in the budget narrative. Documentation supporting expenditures must be submitted with the

FSR including an invoice/statement providing a detailed explanation of all services performed and the dollar amount charged for each, and proof of payment. All receipts must include only expenses incurred by the contractor and must not include expenses incurred by individuals on the Grantee's payroll (e.g. meal receipts, lodging, etc.)

Note: Documentation for Assurance 16 services provided by workers contracted by the grantee should include breakdown of time spent on A16 services. The description should indicate which "type" of A16 service occurred. One such way to complete this would be by using a time study to apply a standard breakdown for workers completing multiple tasks that fall in separate reporting categories. Contact the grant administrator with any questions regarding this documentation.

See [Appendix J](#) for examples of allowable Assurance 16 services and a sample time card for breaking down time spent on different tasks.

7.4 TRAVEL EXPENDITURES

Grantee will only be reimbursed for travel related expenses included in the budget and/or detailed in the budget narrative at the rates set forth in [Appendix G](#). The following are additional travel guidelines that must be followed during the grant term:

- ✓ Travel expenses listed in the travel budget category are strictly for individuals listed on the budget under Personnel.
- ✓ All travel must originate at the individual's assigned workstation. In cases where an individual working on the grant leaves from home, the reimbursement is the lesser of mileage from the official workstation to the assignment or from home to the assignment; however, Grantee must provide details including the individual's assigned workstation and the home address.

7.4.1 DESIGNATION OF OFFICIAL WORKSTATION (OWS)

Defining the workstation is important because it determines when an employee is eligible for meal and lodging reimbursement. An official work station is created at the time the position is established. The work station is determined by the Grantee's Management policy. The official workstation of the Grantee's employees will be the normal office or worksite to which an employee is permanently assigned.

Designation - The Grantee is authorized to establish reasonable rules and regulations regarding the designation of official workstations provided that the Grantee's entire metropolitan area shall be designated as one official workstation to incorporate the corporate limits of the City.

The Official Work Station (OWS) must be either the area within a 50-mile radius of the employee's work address as designated by the Grantee's Human Resources Management.

- ✓ What this means is a Grantee would no longer be eligible for meal reimbursement when working within a 50-mile radius of their OWS.
- ✓ The OWS radius should not affect mileage reimbursements as home to OWS is still not reimbursable.

Office Employees - The official workstation of an officer or employee assigned to an office is the city or town in which the office is located. Home Office: See “Field Employees” below.

Field Employees - The official workstation of a field employee shall be the city or town in which the Grantee has his/her headquarters, or the city or town nearest to the area where the majority of his/her work is performed, or such other city, town or area as may be designated by the Grantee’s organization provided that in all cases such designation must be in the best interest of the State.

The official workstation of non-Lansing or non-Detroit area employees will be the normal office or worksite to which an employee is permanently assigned.

Shown on Voucher - The official workstation of the employee shall be shown on each travel voucher in the space provided.

DISALLOWED EXPENSES

Employees are not entitled to reimbursement for meals and/or lodging while at their home or other property which they own, occupy, or while working or traveling within their normal workstation as defined above. The only exception to this will be while in attendance at conferences or meetings as provided in [Section 7.4.3](#).

7.4.2 MEAL REIMBURSEMENT

Itemized, dated, legible receipts must be provided for all meal reimbursements. The receipt should be cash register generated and include the place, date, time of the purchase, menu/food items purchased, and amount paid to verify the correct reimbursement amount. Credit card statements are not acceptable in lieu of a receipt. Meal reimbursement requests made by an employee cannot include the purchase of a meal intended for someone other than the employee (except in the case of a pre-approved group lunch). Only the actual amount expended, up to the allowable rate, will be reimbursed. (Reminder that alcoholic beverages are prohibited and therefore will not be reimbursed). The amount of reimbursement will be the amount of the actual meal expense, as noted on the receipt, or the allowed meal rate, whichever is less. Meals will be reimbursed at the meal rate closest to the time the meal is taken. Group lunches require prior MPSC Grant Administrator approval. Group refreshments require prior MPSC Grant Administrator approval.

For full-day meals (breakfast, lunch and dinner) with an over-night stay, the meals and receipts will be considered in total (not individually) and cannot exceed the total meal reimbursement for the day.

The actual amount paid for food, non-alcoholic drink, sales tax, and tip (up to 18%) is reimbursable up to the allowable meal rate. If the tip amount is not printed on the receipt, a handwritten notation of the amount of the tip (initialed by the person traveling) is acceptable.

The amount of reimbursement will be the amount of the actual meal expense, as noted on the receipt, or the allowed meal rate, whichever is less.

Any exceptions to the above will be evaluated on an individual basis and must be approved by the MPSC Grant Administrator.

Individual meal reimbursement will be based on the following schedule:

- ✓ **Breakfast** – when travel commences prior to 6:00 a.m. and extends beyond 8:30 a.m.
- ✓ **Lunch** – when travel commences prior to 11:30 a.m. and extends beyond 2:00 p.m.
- ✓ **Dinner** – when travel commences prior to 6:30 p.m. and extends beyond 8:00 p.m.
- ✓ **Midnight Lunch** – shall be at lunch rate if travel and work extends beyond midnight. When an employee is entitled to a full day's allotment of meals, the amount expended for any particular meal is left to the discretion of the employee but the total receipts for all meals in one day shall not exceed the maximum allowable rates. The amount claimed for meals in any one day may be shown on the voucher in a lump sum.

Individuals working on the grant cannot be reimbursed for meals and/or lodging incurred at their home and/or official workstation, e.g. if an individual's official workstation is Ypsilanti he/she cannot be reimbursed for meals or lodging expenses incurred in Ypsilanti.

Group lunch (see State approved [Travel Rates for allowance](#)) can be used if the Grantee hosts a meeting, training, workshop, etc., and provides/caters lunch for attendees. If the lunch is charged at the "Group" rate, Grantee must provide a detailed invoice/statement from the caterer/restaurant, proof of payment (credit card statement, cancelled check, etc.), and the names of the individuals that attended the meeting and how they are associated with the grant program. **At the time of the remittance of the monthly Financial Status Reports, please indicate which letter of the rule from [Section 7.4.3](#) that you are qualifying your group lunch expense such as A, B, C, D and/or E.**

7.4.3 CONVENTIONS, CONFERENCES, AND MEETINGS

The following rules have special application to conventions, conferences, and meetings which employees are required to attend as official representatives:

- A. For attendance at any convention or other formal gathering called by an independent organization, over which the State agency has no control, actual meal and lodging expenses supported by receipts at the convention location will be allowed if approved by the certifying officer of the agency.
- B. For attendance at any in-state, prearranged meeting or gathering called by a commission, department or agency head, actual meal and lodging expenses will be allowed according to the published Rate Schedule for group meetings for each employee or official guest. Advance approval of Vehicle and Travel Services is required for any charges in excess of these amounts. An employee in travel status on a per diem basis while attending a meeting of this kind shall reduce his/her claim by an amount equivalent to the meal allowance established in the in-state per diem published rate schedule.
- C. For attendance at impromptu or informal meetings or conferences not previously arranged and approved, and which involves both employees who are at their work or home stations and others who are not, reimbursement for all will be at rates not in excess of the regular published meal rates. Receipts are required.
- D. For required attendance at any meeting of their governing board or commission, employees will be reimbursed for their actual meal and lodging expenses supported by receipts.

- E. Employees required to attend any prearranged meeting called by an independent organization, and held at the employee's official work station, shall be reimbursed for meal expenses in accordance with the established rates, providing such meeting ends 2 1/2 hours or less prior to the beginning of the official work shift or begins 2 1/2 hours or less after the end of the official work shift. The employee must be representing their department at such meetings, and it must be established that it was not practical for the employee to return to their residence for the meal.

7.4.4 MILEAGE REIMBURSEMENT

Mileage **must** be supported by daily travel log(s) with beginning and ending addresses, mileage total, and reason for travel. [Appendix H](#) is a sample travel log that is provided as a guide. If used to support mileage, please be sure all pertinent columns are completed. A travel log used by the organization to track grant related mileage is also acceptable but must include all information requested in the sample travel log.

Vicinity miles are miles driven over and above the total miles from point A to point B. For example, if an individual drives from point A to point B for a meeting that extends into the lunch hour, drives 5 miles to lunch, returns to point B for a continuation of the meeting, and then concludes travel at point A, the 5 miles driven to lunch would be considered vicinity miles. Vicinity miles will be reimbursed within reason and on a case by case basis.

The use of a rental car in lieu of a personal car is allowed, but the MPSC Grant Administrator must be advised prior to travel.

- ✓ Mileage at the State rate, which includes the cost of gas and rental car related expenses (excluding optional expenses, e.g., insurance) will be reimbursed up to the allowable amount as if a personal car had been used. For example, if a rental car is driven 400 miles the Grantee will be reimbursed up to \$144.00 (400 miles x .360 per mile), or up to the base amount listed on the rental invoice. The most economical, feasible and plausible method of travel will be allowed. **A cost comparison between the personal car and rental must be included with all travel vouchers.**
- ✓ If multiple individuals working on the grant travel in the same rental vehicle, the allowable expense will be calculated based on a maximum of three individuals traveling. For example, if a rental car is driven 400 miles total, the Grantee will be reimbursed up to \$432.00 (400 x 3 travelers x .360 per mile), or up to the base amount listed on the rental invoice.
- ✓ If a rental car is used for multiple individuals working on the grant, one individual should take responsibility for paying the charge and requesting reimbursement. On the travel log for the dates in question, the remaining individuals would indicate "rode in rental car with." When multiple individual working on the grant travel together in a personal or rental car, travel should commence for all individuals at one common location or workstation. Traveling to several locations to pick up individuals that will travel together in one car should be avoided and will be approved on a case by case basis only.

7.5 EAP OTHER EXPENSES

Grantee will only be reimbursed for services performed by subunits or internal agencies within the organization included in the budget and/or detailed in the budget narrative. Documentation supporting expenditures must be submitted with the FSR including an invoice providing a detailed explanation of the services performed and per-case fee/dollar amount charged, and proof of payment.

7.6 EAP DIRECT ASSISTANCE

Grantee will be reimbursed for all verifiable energy assistance payments made to home energy suppliers. Establish a clear, consistent system for support documentation that will be remitted for Direct Energy Payments (e.g. Electronic Funds Transfer [EFT] and/or check, etc.) Documentation supporting expenditures must be submitted including a list of clients served during the reporting period, cancelled check or check copy and bank statement, documentation supporting EFT transactions, and general ledgers. Ensure that all proof is provided for reversals to the General Ledger and provide a detailed explanation for the transaction(s).

If other line items are included under this category other than energy assistance payments documentation supporting expenditures must be submitted including invoice and/or receipt, and proof of payment.

7.7 INDIRECT COST

Grantee will be reimbursed on monthly FSRs for its proportional share of indirect costs based on the indirect cost percentage indicated on the budget. Documentation supporting indirect costs is not required; however, documentation verifying the costs must be retained by the Grantee in the event of an on-site audit. If additional funds are given, the Grantee's indirect cost rate percentage must remain the same as originally approved at the beginning of the grant term.

7.8 BUDGET REVISIONS

Revisions to the Grantee's budgets are often necessary during the grant term as estimates become actual costs. Budget revisions require the MPSC Grant Administrator's approval and may require the approval of LARA. A revised budget and budget narrative with revisions highlighted in yellow should be submitted along with the reason for your revision prior to the Grantee making the actual changes.

7.8.1 UPDATES WITHIN BUDGET CATEGORIES

The Grantee may reallocate funds within a budget category (e.g. Personnel) provided it does not change the total amount of funding allocated to the budget category. The Grantee must obtain written permission from the MPSC Grant Administrator **before** these changes are instituted. The total amounts contained in Attachment B to the grant contract must not change.

For example, a Grantee may move \$500 from one salary line item to another salary line item without a formal grant amendment because the total dollar amount allocated to the Personnel budget category will not change.

Personnel	Old Budget	Change	New Budget
Employee 1	\$1,500	(\$500)	\$1,000
Employee 2	\$1,000	\$0	\$1,000
Employee 3	\$500	\$500	\$1,000
Total Personnel	\$3,000	\$0	\$3,000

7.8.2 UPDATES BETWEEN BUDGET CATEGORIES (FORMAL AMENDMENT NOT NEEDED)

The Grantee may reallocate funds between budget categories (e.g. from Personnel to Contractual Services) without a formal grant amendment when certain conditions are met.

The Grantee may reallocate funds between budget categories without a formal grant amendment if, and only if, the dollar amount being transferred is less than 5% of the dollar amount allocated to the smaller of the two budget categories the funds are being transferred between. The Grantee must obtain written permission from the MPSC Grant Administrator before these changes are instituted. In addition, a revised budget and budget narrative should be submitted with the revision request.

7.8.3 UPDATES BETWEEN BUDGET CATEGORIES (FORMAL AMENDMENT NEEDED)

Criteria for formal budget amendments that require approval by LARA.

- ✓ Cumulative budget changes equal to, or greater than, 5% require formal Budget Amendments
- ✓ Reallocating funds from Direct Assistance to any other category is prohibited unless extenuating circumstances exist

A formal budget amendment constitutes a renegotiation of contract terms and must be signed by the organization and the Director of DLARA's Bureau of Finance and Administrative Services.

The following documents must be collected or generated by the MPSC Grant Administrator to initiate the grant amendment:

- A. Request From Grantee:
 - a. The Grantee must make a formal request to amend the budget. Such a request can be made through e-mail or on company letterhead. The request should explain why the budget amendment is being made and provide a detailed explanation of the changes being requested by line item.
 - b. Attached to the request should be an updated budget and budget narrative with changes highlighted in the budget narrative. The updated budget and budget narrative should include all the proposed changes requested by the Grantee. The Grantee will prepare the updated budget and budget narrative and submit it to the MPSC Grant Administrator.
- B. Preparation from Grant Administrator:

- a. The Grant Amendment is the official request to change contract terms. The Grant Amendment form should outline the proposed changes to the budget, and it should include a chart displaying the old and new budget category totals.
- b. The MPSC Grant Administrator will prepare the Grant Amendment form. The prepared form will be signed by a representative of the Grantee's organization and the Director of DLARA's Bureau of Finance and Administrative Services. The effective date on the Grant Amendment will be the date the Grantee requested the amendment.

APPENDIX A MEAP CUSTOMER SATISFACTION SURVEY QUESTIONS

MEAP Core Questions

- 1) The Michigan Energy Assistance Program application process was easy to understand.
 - a. Yes
 - b. NoIf No, please leave comment:
- 2) How did you submit your application?
 - a. Online
 - b. Paper application
- 3) I received information regarding self-sufficiency services offered by [agency].
 - a. Yes
 - b. No
- 4) Which self-sufficiency services were offered?
 - a. Information/training on household budgeting
 - b. Information/training on energy savings
 - c. Other:
- 5) If you contacted the [agency] by phone, please rate your overall experience:
 - a. Very poor
 - b. Poor
 - c. Fair/Average
 - d. Good
 - e. Very good
 - f. Did not contact agency by phone

Comment(s):

- 6) If you met with an intake/case worker in-person, please rate your overall experience:
 - a. Very poor
 - b. Poor
 - c. Fair/Average
 - d. Good
 - e. Very good
 - f. Did not have in-person meeting with intake/case worker

Comment(s):

- 7) How would you rate your overall experience applying for energy assistance with [agency]?
 - a. Very dissatisfied
 - b. Somewhat dissatisfied
 - c. Neither satisfied nor dissatisfied
 - d. Somewhat satisfied
 - e. Very satisfied

Comment(s):

APPENDIX B MEAP SELF SUFFICIENCY PLAN

Michigan Energy Assistance Program

MEAP Self Sufficiency Plan

Household Information

Attach extra pages if you need to include additional members. List **everyone** who lives in your home, including adults and children temporarily absent due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home. Be sure to include the date of birth and citizenship status for each member.

Name	Relationship to You SELF	MDHHS Case ID
Name	Relationship to You	
Name	Relationship to You	
Name	Relationship to You	

Household Address (Service Address)

Address (Numbers & Street Name, Apt., etc.)		City
State	County	Zip Code

Mailing Address, if different than above

Address (Numbers & Street Name, Post Office Box)		City
State	County	Zip Code

Additional Information Needed

Home Heating Credit (HHC): Have you applied for or received the HHC (Energy Draft) in the last 6 months?	<input type="checkbox"/> Yes, month received _____ <input type="checkbox"/> No
Have you received energy assistance from another agency or through a provider-sponsored program since October 1?	<input type="checkbox"/> Yes, who was the provider(s): _____ <input type="checkbox"/> No
How do you heat your home? (Select One) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> No Heat Obligation <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric Heat* <input type="checkbox"/> Coal <input type="checkbox"/> Other _____	

*Electric heat sources include solar panels, boilers, radiators, or baseboard heating but DO NOT include space heaters

Electric (non-heat) Provider Information

Name and address of company/energy provider	Account number
Name on account	

Heat Provider Information

Name and address of company/energy provider	Account number
Name on account	
Service address	

Signature Requirement

Please sign below after reading the following information, otherwise this application will be considered incomplete

- As part of this MEAP agreement, I understand that I may be referred to or required to participate in additional services such as budgeting assistance, energy audits, or other programs that will help your household pay energy bills and understand energy consumption. Participation in the activities outlined in this plan/agreement are required in order to receive any additional energy assistance benefits.

- I authorize the assisting agency or provider to release my name and address to the local weatherization operator as part of the Weatherization Referral system. I authorize the department to release case and payment information to the Department of Health and Human Services, its affiliates and/or contracted agencies, for the purpose of research, study and evaluation of the Low Income Home Energy Assistance Program (LIHEAP) and the Michigan Energy Assistance Program (MEAP).

- I authorize my energy company to release by phone, fax, email or their computer web site all available information about my account.

- **UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO ME. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO THE APPLICANT. TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE.**

Signature of applicant or head of household	Date	Signature of spouse	Date
Address (Numbers & Street Name, Apt., etc.)		Signature of agency representative	Date
Current phone number	Email	Identification of applicant or authorized representative	

Affordable Payment Plan

I have been informed if my energy provider offers APP and understand whether or not I am eligible.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please check one			
<input type="checkbox"/>	I agree to the terms and conditions of the Affordable Payment Plan offered by my energy provider and have received a list of the terms and conditions of this plan.		
<input type="checkbox"/>	I do not want to enroll in an affordable payment plan to receive monthly assistance with my energy bill.		
Signature of applicant or head of household		Date	

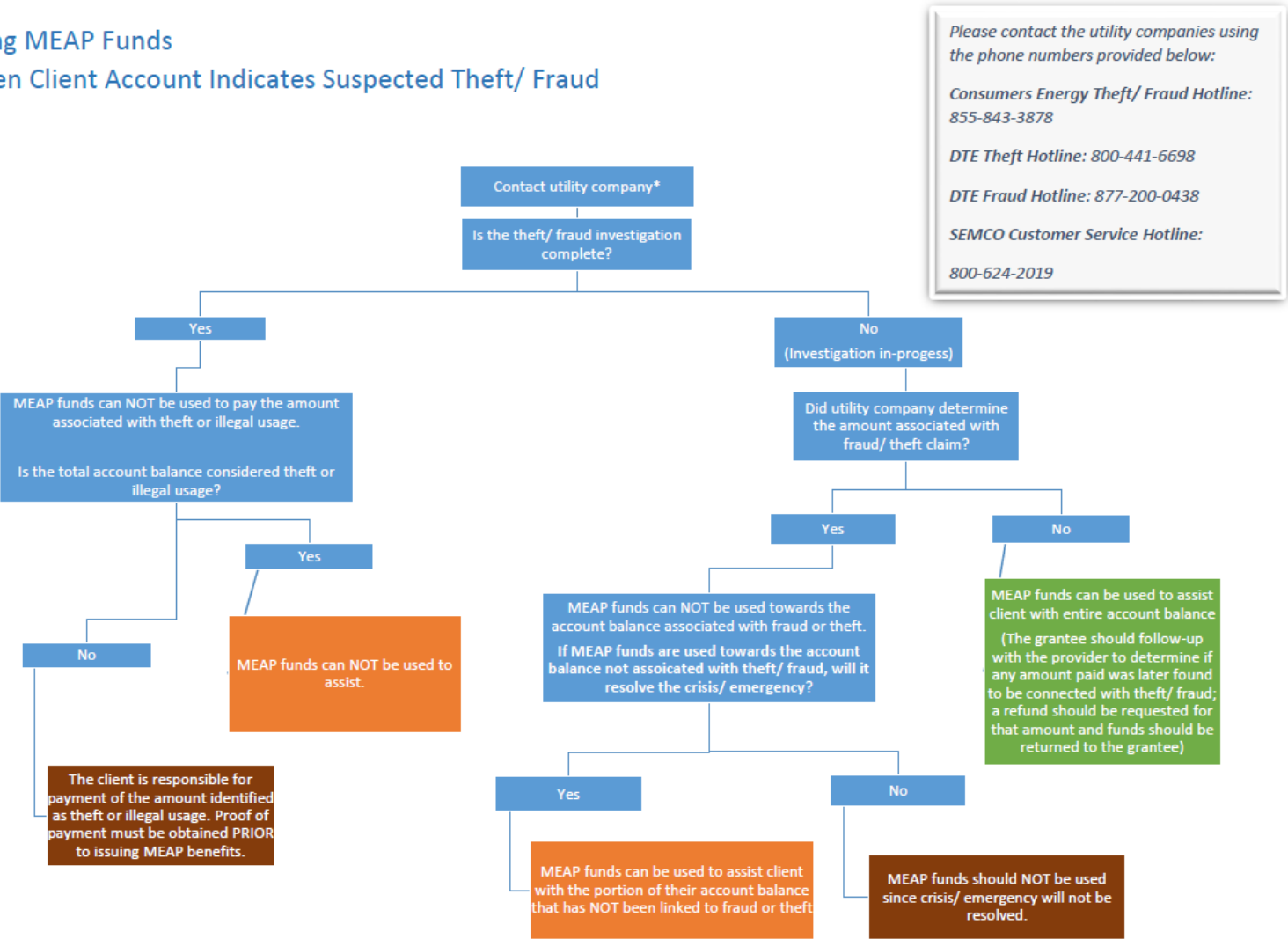
Internal Use Only

Check the self-sufficiency services offered to this household (documentation must be maintained in the client file)

- | | |
|---|---|
| <input type="checkbox"/> Needs assessment and referral(s) | <input type="checkbox"/> Financial counseling |
| <input type="checkbox"/> Vendor advocacy | <input type="checkbox"/> Short term case management |
| <input type="checkbox"/> Energy education | <input type="checkbox"/> Long term case management |

Signature of grantee representative	Date
-------------------------------------	------

Using MEAP Funds
When Client Account Indicates Suspected Theft/ Fraud



Updated: 2/1/2016

Please see the MPSC Validation Tool/Client List spreadsheet. The most current version is available for download in Salesforce.

APPENDIX E HOURLY TIMESHEET EXAMPLE

Hourly Employee: _____

MEAP Grant No: _____

Payroll Period(s) – From: _____

Employee’s Signature: _____

Month/Year: _____

Payroll Period(s) – To: _____

Day of the Month	Hours Worked MEAP Grant	Description of Activity Relating to Grant	Hours Worked Other MEAP Projects	Hours Worked Non-MEAP Grant	Overtime Hours Worked	Holiday/Sick/Vacation Pay/Personal Leave/Time	Total Hours Worked(Must Match Payroll)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
Total							

Authorized Signature: _____

APPENDIX F SALARIED TIMESHEET EXAMPLE

Salaried Employee: _____

MEAP Grant No: _____

Payroll Period(s) – From: _____

Employee’s Signature: _____

Month/Year: _____

Payroll Period(s) – To: _____

Day of the Month	% of Time Worked MEAP Grant	Description of Activity Relating to Grant	% of Time Worked Other MEAP Projects	% of Time Worked Non-MEAP Grant	Holiday/Sick/Vacation Pay/ Personal Leave/Time (Disallowed)	Total % of Time (Must Match Payroll Register/Accounting Records)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
Total						

Authorized Signature: _____

APPENDIX G STATE OF MICHIGAN TRAVEL REIMBURSEMENT RATES

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET, VEHICLE AND TRAVEL SERVICES (VTS) SCHEDULE OF TRAVEL RATES FOR CLASSIFIED AND UNCLASSIFIED EMPLOYEES Effective January 1, 2019

MICHIGAN SELECT CITIES *

	Individual	Group Meeting pre-arranged and approved
Lodging**	\$85.00	\$85.00
Breakfast	\$10.25	\$13.25
Lunch	\$10.25	\$13.25
Dinner	\$24.25	\$27.25

MICHIGAN IN-STATE ALL OTHER

	Individual	Group Meeting pre-arranged and approved
Lodging**	\$85.00	\$85.00
Breakfast	\$ 8.50	\$11.50
Lunch	\$ 8.50	\$11.50
Dinner	\$19.00	\$22.00

Per Diem	\$87.00
Lodging	\$51.00
Breakfast	\$ 8.50
Lunch	\$ 8.50
Dinner	\$19.00

OUT-OF-STATE SELECT CITIES *

	Individual	Group Meeting pre-arranged and approved
Lodging**	Contact Conlin Travel	Contact Conlin Travel
Breakfast	\$13.00	\$16.00
Lunch	\$13.00	\$16.00
Dinner	\$25.25	\$28.25

OUT-OF-STATE ALL OTHER

	Individual	Group Meeting pre-arranged and approved
Lodging**	Contact Conlin Travel	Contact Conlin Travel
Breakfast	\$10.25	\$13.25
Lunch	\$10.25	\$13.25
Dinner	\$23.50	\$26.50

Per Diem	\$97.00
Lodging	\$51.00
Breakfast	\$10.25
Lunch	\$10.25
Dinner	\$23.50

Incidental Costs (per overnight stay) \$5.00

Mileage Rates

Premium Rate	\$0.580 per mile
Standard Rate	\$0.340 per mile

*See Select High Cost City Listing

**Lodging available at State Rate, or call Conlin Travel at 877-654-2179 or www.somtravel.com

SELECT HIGH COST CITY LIST
TRAVEL RATE REIMBURSEMENT FOR CLASSIFIED and UNCLASSIFIED
EMPLOYEES EFFECTIVE January 1, 2019

Michigan Select Cities/Counties

Cities	Counties
Ann Arbor, Auburn Hills, Detroit, Grand Rapids Holland, Leland, Mackinac Island, Petoskey Pontiac, South Haven, Traverse City	Grand Traverse Oakland Wayne

Out of State Select Cities/Counties

State	City / County	State	City / County
Arizona	Phoenix, Scottsdale, Sedona	Maryland	Baltimore City, Ocean City (Counties of Montgomery & Prince Georges)
California	Los Angeles (Counties Los Angeles, Orange, Mendocino & Ventura) Edwards AFB, Arcata, McKinleyville, Mammoth Lakes, Mill Valley, San Rafael, Novato, Monterey, Palm Springs, San Diego, San Francisco, Santa Barbara, Santa Monica, South Lake Tahoe, Truckee, Yosemite National Park	Massachusetts	Boston (Suffolk County), Burlington Cambridge, Woodburn Martha's Vineyard
Colorado	Aspen, Breckenridge, Grand Lake, Silverthorne, Steamboat Springs, Telluride, Vail	Minnesota	Duluth, Minneapolis/St. Paul (Hennepin and Ramsey Counties)
Connecticut	Bridgeport, Danbury	Nevada	Las Vegas
DC	Washington DC, Alexandria, Falls Church, Fairfax (Counties of Arlington & Fairfax in Virginia) (Counties of Montgomery & Prince George's in Maryland)	New Mexico	Santa Fe
Florida	Boca Raton, Delray Beach, Fort Lauderdale, Jupiter, Key West	New York	Lake Placid, Manhattan (boroughs of Manhattan, Brooklyn, Bronx, Queens and Staten Island), Melville, New Rochelle, Riverhead, (Suffolk County), Ronkonkoma, Tarrytown, White Plains
Georgia	Brunswick, Jekyll Island	Ohio	Cincinnati
Idaho	Ketchum, Sun Valley	Pennsylvania	(Bucks County) Pittsburgh
Illinois	Chicago (Cook & Lake Counties)	Rhode Island	Bristol, Jamestown, Middletown, Newport (Newport County), Providence
Kentucky	Kenton	Texas	Austin, Dallas, Houston, LB Johnson Space Center
Louisiana	New Orleans	Utah	Park City (Summit County)
Maine	Bar Harbor, Kennebunk, Kittery, Rockport, Sanford	Vermont	Manchester, Montpelier, Stowe (Lamoile County)
		Virginia	Alexandria, Falls Church, Fairfax
		Washington	Port Angeles, Port Townsend, Seattle
		Wyoming	Jackson, Pinedale

APPENDIX HMILEAGE TRAVEL LOG

Grant No. PSC-19-____ Period of Travel From: _____ To: _____ Employee: _____

Please complete all fields for each trip. Destination must include street address & city.

TRAVEL DATE	TRAVEL TIMES		TRIPODOMETER READING		DAILY TOTAL	MILEAGE (Daily Total x .360)	RENTAL CAR (See Expenditure Guidelines for equal to miles traveled x .360)	OVER NIGHT STAY (YES/NO)	I certify that all mileage reported was driven for official MEAP grant business only.	
	START	END	START	END					Starting Location (Complete Address)/ Ending Location (Complete Address)	REASON FOR TRAVEL
1/1	6:00 AM	8:30 PM	11125	11140	440	158.4	\$250	Yes		Meeting
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
TOTAL:				GRANT	0	0	0		AUTHORIZED (Signatures)	

MEAP 2019 Reporting Schedule			
Report Due Date	Report Type	FSR	Period Covered
November 30, 2018	Financial Status Report Households Served Data Supporting Documentation	1	October 1 – October 31, 2018
December 31, 2018	Financial Status Report Households Served Data Supporting Documentation	2	November 1 – November 30, 2018
January 31, 2019	Financial Status Report Households Served Data Supporting Documentation	3	December 1 – December 31, 2018
February 28, 2019	Financial Status Report Households Served Data Supporting Documentation	4	January 1 – January 31, 2019
February 28, 2019	Interim Project Status Report 1	4	October 1, 2018 – January 31, 2019
March 29, 2019	Financial Status Report Households Served Data Supporting Documentation	5	February 1 – February 28, 2019
April 30, 2019	Financial Status Report Households Served Data Supporting Documentation	6	March 1 – March 31, 2019
May 31, 2019	Financial Status Report Households Served Data Supporting Documentation	7	April 1 – April 30, 2019
June 28, 2019	Financial Status Report Households Served Data Supporting Documentation	8	May 1 – May 31, 2019
June 28, 2019	Interim Project Status Report 2	8	October 1, 2018 – May 31, 2019
July 31, 2019	Financial Status Report Households Served Data Supporting Documentation	9	June 1 – June 30, 2019
August 30, 2019	Financial Status Report Households Served Data Supporting Documentation	10	July 1 – July 31, 2019
September 30, 2019	Financial Status Report Households Served Data Supporting Documentation	11	August 1 – August 31, 2019
October 15, 2019	Financial Status Report Households Served Data Supporting Documentation	12	September 1 – September 30, 2019
October 15, 2019	Final Project Report	12	October 1, 2018– September 30, 2019

ACTIVITY	ASSURANCE 16	ADMINISTRATIVE/ PROGRAM COST
Managing, planning, and budgeting for energy assistance program		X
Supervising intake staff		X
Determining household's crisis status		X
Calculating the household's benefit amounts		X
Energy vendor intervention on behalf of clients	X	X
Assist in setting up utility payment arrangements	X	X
Assessing client's need for agency services & referral	X	X
Weatherization needs assessment & referral	X	X
Referral to other sources of utility assistance	X	X
Cost of household energy kit with counseling	X	X
One-to-one energy education with household	X	X
Budget counseling related to energy cost budget	X	X
Program public information, brochures, materials		X
Operation of outreach application sites		X

Caseworker Daily Time Sheet (tracked in ¼ hour segments)	ASSURANCE 16	ADMINISTRATIVE/ PROGRAM COST
Taking application for energy assistance (DHHS)		3:30
Determining household's crisis status (DHHS)		0:30
Calculating the household's benefit amounts (DHHS)		1:00
Intervening with an energy company to maintain service	0:15	
Assisting in setting up utility payment arrangements (including APPs)	0:30	
Referring family to other sources of assistance	0:15	
Assessing the family's need for Weatherization	0:15	
Educating family on use of energy kit materials	0:00	
Delivering energy education to the family	0:00	
Counseling family on energy cost budgeting	1:00	
Providing program brochures, outreach materials		0:15
Staffing an outreach application site		0:00
TOTAL	2:15	5:15

Online Resource for Agencies

Example Screen Shot: HPP Charges and No Late payment charges

General Account Information

Account: [Redacted] Customer Name: [Redacted] Collection Status: **In Collection - High Risk**

Mailing Address: [Redacted]

Number of Accounts: 2

Telephone: [Redacted]

Account Type: Residential

Product	Status	Effective Date	Last Effective Date	Amount	Site Address
Residential Electric Service	CLOSED	03/22/2008	03/23/2008	\$0.00	17908 RUTH ST MELVINDALE MI 48122-1525
Residential Gas Heating	CLOSED	03/22/2008	03/23/2008	\$0.00	17908 RUTH ST MELVINDALE MI 48122-1525
HPP Monthly Ultimate Protection	CLOSED	07/29/2013	09/26/2014	\$0.00	17257 HANNA ST MELVINDALE MI 48122-1067
Residential Gas Heating	ACTIVE	01/04/2008		\$408.78	17257 HANNA ST MELVINDALE MI 48122-1067
HPP Monthly Ultimate Protection	ACTIVE	09/26/2014		\$59.90	17257 HANNA ST MELVINDALE MI 48122-1067
Residential Electric Service	ACTIVE	01/04/2008		\$766.23	17257 HANNA ST MELVINDALE MI 48122-1067
Interruptible Heating / Cooling Service	ACTIVE	01/04/2008		\$363.60	17257 HANNA ST MELVINDALE MI 48122-1067

bi

Senior Customer ? (Yes/No): NO

Deceased Customer ? (Yes/No): NO

MDHS Case #: [Redacted]

Current Bill Amount(Electric): \$314.41

Current Bill Amount(Gas): \$44.19

Total Current Bill Amount: \$388.55

Past Due Amount(Electric): \$815.42

Past Due Amount(Gas): \$424.59

Total Past Due Amount: \$1,260.98

Amount Owning: \$1,658.51

Unbilled Charge: \$0.00

Total Account Balance: \$1,658.51

Total Customer Account Balance: \$1,658.51

Shutoff Date (on or after):

Payment Plan Enrollment Date:

Existing Collection Hold: NO

Existing Hold End Date:

Bill Due Date: 10/26/2015

Next Bill Date: 10/30/2015

Annotations:

- If the customer owes on DTE's home protection plan(HPP: non-energy) that amount would be listed above
- In this example the customer owes a total of \$59.90 for HPP. This amount is include in the "Amount Owning" and "Total Account Balance"
- HPP amounts are included in the gas portion: in this case \$29.95 is the current amount due and the past amount due
- The difference between the "Total Account Balance" and the "Amount Owning" is the late payment charges
- There are no late payment charges as the two amounts are equal

Online Resource for Agencies

Example Screen Shot: Late payment charges

General Account Information

Account : [REDACTED] Customer Name : [REDACTED] Collection Status : **In Collection - Payment Arrangement**

Mailing Address : [REDACTED] DETROIT MI 48224-2222

Number of Accounts : 2

Telephone : [REDACTED]

Account Type: Residential

Product	Status	Effective Date	Last Effective Date	Amount	Site Address
Residential Electric Service	CLOSED	03/07/2006	08/03/2007	\$0.00	22101 GRATIOT AVE APT 238 EASTPOINTE MI 48021-2250
Reconnect Meter	CLOSED	04/04/2012	04/05/2012	\$0.00	2549 LENOX ST DETROIT MI 48215-2667
Reconnect Meter	CLOSED	05/16/2012	05/17/2012	\$0.00	2549 LENOX ST DETROIT MI 48215-2667
Residential Electric Service	CLOSED	04/07/2010	09/05/2012	\$0.00	2549 LENOX ST DETROIT MI 48215-2667
Residential Gas Heating	CLOSED	04/07/2010	09/05/2012	\$0.00	2549 LENOX ST DETROIT MI 48215-2667
Residential Gas Heating	ACTIVE	08/01/2013		\$278.14	4387 WOODHALL ST DETROIT MI 48224-2222
Residential Electric Service	ACTIVE	08/01/2013		\$99.75	4387 WOODHALL ST DETROIT MI 48224-2222

bi

Senior Customer ? (Yes/No) : NO

Deceased Customer ? (Yes/No) : NO

MDHS Case # : N/A

Current Bill Amount(Electric) : \$66.99

Current Bill Amount(Gas) : \$121.82

Total Current Bill Amount : \$190.81

Past Due Amount(Electric) : \$30.76

Past Due Amount(Gas) : \$156.32

Total Past Due Amount : \$187.08

Amount Owing : \$316.41

Unbilled Charge : \$0.00

Total Account Balance : \$377.89

Total Customer Account Balance : \$377.89

Shutoff Date (on or after):

Payment Plan Enrollment Date : 05/05/2015

Existing Collection Hold : NO

Existing Hold End Date :

- If the customer is past due on DTE's home protection plan(HPP: non-energy) that amount would be listed above
- In this example the customer that does not have HPP arrears
- The difference between the **"Total Account Balance"** and the **"Amount Owing"** is the late payment charges
- If there are no late payment charges the two amounts would be equal

Tip 1
Total Customer Account Balance equals the total amount the customer owes for all accounts

Tip 2
If there is a future scheduled shutoff date, the customer has placed a disconnect order


Shut Off Date: 02/18/2016

YOUR ACCOUNT IS PAST DUE
AVOID DISCONNECTION AND PAY YOUR
PAST DUE AMOUNT IMMEDIATELY.

Account Number
Usage and Account Information

Please see back for additional information

Meter Number	Days Billed	Beginning Reading			Ending Reading			Units Used (Therms)	Units Used Last Yr. (Therms)	Meter Factor	Therm Factor
		Date	Type	Read	Date	Type	Read				
	30	12/29/2015	Act.	2391	01/28/2016	Act.	2602	220.073	275.544	1.000	1.043

Account Type: Residential
Customer Choice
SHUT OFF
DUPLICATE BILL

Account Name:
Service Address:

Previous Activity:

Previous Balance 307.77
Previous Penalties 3.65
Current Penalties 5.91
Balance Forward \$317.33

Current Charges:

Customer Charge 11.50
MRP Charge 1.61
Distribution Charge (0.173420) 38.17
Total SEMCO Charges 51.28
Balancing Demand Charges (0.065000) 14.30
Supplier Energy Charge (0.719000) 158.23
JUST ENERGY
866-587-8674
Total Supply Charges 172.53
Energy Optimization Charges (0.017820) 3.92
Sales Tax 9.11
Total State Charges 13.03
Total Current Charges \$236.84
Total Account Balance \$554.17

Amount required for the Home Heating Credit Claim: \$1790.53

Avoid Disconnection of Service

If you are unable to pay your past due amount today, please contact Customer Service immediately. We may be able to establish a payment arrangement to avoid shut off of your gas service. A fee is charged if a collector is sent to your premise.

DETAILS TAB

The Details tab outlines the customer's current account balances and payment history.

Current Account Balance

Service Type	Shut Off Balance	Past Due Balance	Total Balance
Electric	\$ 0.00	\$ 90.02	\$ 300.06
Gas	\$ 0.00	\$ 0.00	\$ 0.00
Energy Totals	\$ 0.00	\$ 90.02	\$ 300.06
Non Energy	\$ 0.00	\$ 30.49	\$ 30.49
Electric Late Fee	\$ 0.00	\$ 9.45	\$ 9.45
Gas Late Fee	\$ 0.00	\$ 0.00	\$ 0.00
Account Grand Total	\$ 0.00	\$ 129.96	\$ 340.00

Fields	Explanation
Current Account Balance	The breakdown of all current charges on the account.
Service Type	Breakdown of Energy, Late payment fees and Non Energy charges that are due: <ul style="list-style-type: none"> • Shut Off Balance: The amount(s) of the shut off notice broken down by utility Service Type. • Past Due Balance: The amount(s) of the past due balance broken down by utility Service Type.
Energy Totals	Totals for each column reflecting utility cost(s) only.
Non-Energy	The amount of non-energy (most commonly ASP charges) that is included in the total balance due.
Electric Late Fees	The amount(s) of the service type are Electric service late payment fees.
Gas Late Fees	The amount(s) of the service type are Gas service late payment fees.
Account Grand Total	The amounts of all charges by column.

Interim Project Status Report

2019

Project Identification

Grantee Name: [Click here to enter text.](#)

Grant Number: [Click here to enter text.](#)

Reporting Period:

Grant Term: **October 1, 2018 – September 30, 2019**

Project Milestones

Percent (%) completion of the project objectives based on number of households served and amount of energy assistance funding spent

[Click here to enter text.](#)

Project Progress

Brief outline of the work accomplished during the reporting period and the work to be completed during the subsequent reporting period(s). Include progress toward timeline objectives.

[Click here to enter text.](#)

Assurance 16

- a. Describe how you have used LIHEAP funds to provide Assurance 16 services.
- b. Describe the impact of Assurance 16 activities on households served.
- c. Describe the level of direct benefits provided to those households.

Household Metrics

- a. Number of unduplicated households that presented for MEAP Assurance 16 services
- b. Number of unduplicated households that received MEAP Assurance 16 services

Noteworthy Accomplishments

Identify and describe any milestones reached or noteworthy accomplishments completed during the period.

[Click here to enter text.](#)

Delays

Provide a brief description of problems or delays, real or anticipated, which should be brought to the attention of the Grant Administrator.

[Click here to enter text.](#)

Project Deviations

State any significant deviation from the previously agreed-upon work plan developed in Part V: Information Required from Applicant.

[Click here to enter text.](#)

Attachments and Other Materials

Provide project materials developed and implemented during the reporting period (e.g. newspaper articles, newspaper advertisements, forms, brochures, announcements, studies, reports, analyses, audits, etc.). In this section, also feel free to provide any customer feedback received during the reporting period.

[Click here to enter text.](#)

A copy of the 2019 Final Project Status Report will be added at a later date.

APPENDIX R ELIGIBILITY REVIEW CHECKLIST

Minimum Information each agency (grantee) must collect, verify, copy, and retain.	CHECK IF APPLICABLE	Issues Found/Date Issue Resolved by Grantee
Copy of MEAP Self-Sufficiency Plan attached?	<input type="checkbox"/>	
Intake Worker Signature	<input type="checkbox"/>	
Application Received Date	<input type="checkbox"/>	
Client/Household Signature	<input type="checkbox"/>	
Client/Household Signature Date	<input type="checkbox"/>	
Full Name for all household members	<input type="checkbox"/>	
Address	<input type="checkbox"/>	
City and Zip Code	<input type="checkbox"/>	
MDHHS Case Number	<input type="checkbox"/>	
County	<input type="checkbox"/>	
SER Decision Notice (or other proof of SER eligibility)	<input type="checkbox"/>	
Household received energy assistance from another agency or through a provider-sponsored program since October 1?	<input type="checkbox"/>	
Document the energy type	<input type="checkbox"/>	
Copy of the utility bill with past due balance	<input type="checkbox"/>	
Document the utility name	<input type="checkbox"/>	
Document the utility account number	<input type="checkbox"/>	
Document the utility amount to be paid	<input type="checkbox"/>	
Deliverable Fuels - records kept of metered delivery notification	<input type="checkbox"/>	
Deliverable Fuels - records kept of amount of deliverable fuel provided	<input type="checkbox"/>	
Deliverable Fuels - records kept of amount of deliverable fuel already on hand to show need. (Tank at 25% or less.)	<input type="checkbox"/>	

Documentation for Direct Energy Payments

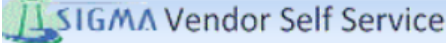
- **Submitted with FSR**
 - Spreadsheet with names of all the clients who are receiving assistance (if the check or EFT is for more than one person)
 - Check request form
 - Cleared check or EFT paperwork
 - Bank statement the check or EFT cleared on
 - General Ledger
- **On File**
 - SER Decision Notice
 - Quote (for deliverable fuel)
 - Grantee letter committing to pay specified amount
 - Invoice or screen shot of amount paid (from CE PASS or ORA)


APPENDIX S VENDOR REGISTRATION UPDATING INSTRUCTIONS

To begin the process, please click the link below:

www.michigan.gov/VSSLogin

The above link will display the State Budget Office's SIGMA Vendor Self Service (VSS) home page as follows:





Welcome to State of Michigan SIGMA Vendor Self Service (VSS)

The State of Michigan SIGMA Vendor Self Service (VSS) system allows you, as a payee/vendor/grantee, to manage your information, view your financial transactions, view business and grant opportunities and much more. Click on the Register button to begin filling out an electronic application to become a payee/vendor/grantee. Please disable your pop-up blocker in order to access all parts of the site.

This site is best viewed with Internet Explorer 11 and Firefox 3.5 or 3.6.

If you have questions, please contact the State of Michigan VSS (SOM VSS) Support Center at SIGMA-Vendor@michigan.gov or 1-888-734-9749. The State of Michigan VSS (SOM VSS) Support Center Office Hours are 7:00 AM until 6:00 PM EST, Monday-Friday.

*** = Required**

*** User ID**

*** Password**

Login

[Password Reset](#)

Click the Register button to register a new or existing account.

Register

Guest Access

Announcements

10/13/2017

The State of Michigan vendor system SIGMA Vendor Self Service (SIGMA VSS) is now available.

SIGMA improves the way Michigan performs all financial activities, including budgeting, accounting, payments, and business and grant opportunities. SIGMA VSS improves how we work with vendors, payees and grantees, replacing Contract & Payment Express (C&PE) and Buy4Michigan.

Key Items

- You will continue to get paid regardless of whether you have claimed your SIGMA VSS account.
- You need to claim your SIGMA VSS account to respond to business and grant opportunities.
- Quick reference guides are available below to assist you with claiming your VSS account,


Contacts


Click on link below to view the list of department contacts.


[Agency Contacts](#)

Forms and Reference Documents

Click on a form below to either save it to your desktop or open it in Adobe.

[SOM VSS User Guide for New Vendors](#)

[SOM VSS User Guide for Existing Vendors](#)

[SOM VSS User Guide for Grantees](#)

Forms used by Foreign payees:

Please consult the User Guide for additional information. Also, you may view the FAQ document from this site as well. If you are still experiencing difficulty, you can contact the [Payee Registration Helpline](#) for assistance at:

Program	Phone/Address/E-mail	Hours
<i>State Vendor File to manage vendor information (including EFT) and register for Grants and Solicitations</i>		
Mail	PO Box 30026 Lansing, MI 48909	
Call Center	(517)373-4111 (Lansing) (888)734-9749 (All Others)	Monday – Friday 7 A.M. – 6 P.M.
Fax	(517)763-0300	
E-mail	SIGMA-Vendor@michigan.gov	

APPENDIX T DHS-834 FRAUD INVESTIGATION REQUEST FORM

FRAUD INVESTIGATION REQUEST

Michigan Department of Human Services

FOR OIG USE ONLY

1. Case Name			
2. Client ID			
3. Case Number		4. Date of Request	
5. County	District	Section	Unit
Specialist			
6. Program			
7. Maiden Name or Alias (If necessary)		8. Birth Date	
9. Social Security Number			
10. Recipient Current Address (Number, Street, City, State, Zip Code)			11. Recipient Phone Number
12. Case Status <input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Transferred (see Item 10.)		13. Approx. Amt. of Assistance Received Ineligibly FS- CDC	
14. Est. Ineligible Receipt Period (dates)			
15. Program Violations <input type="checkbox"/> ADC/FIP <input type="checkbox"/> SDA <input type="checkbox"/> SFA <input type="checkbox"/> MA <input type="checkbox"/> FS <input type="checkbox"/> CDC <input type="checkbox"/> Services <input type="checkbox"/> SER <input type="checkbox"/> Employee Fraud			
<input type="checkbox"/> A. Unreported Earned Income (attach DHS-38, Employment Verification) Recip ID:		Employer	
		Date Employment Began	
		Rate of Pay	
<input type="checkbox"/> B. Unreported Unearned Income (S.S., SSI, UCB, Worker's Comp., Child Support, etc.) Recip ID:		Employer address	
		Source	
		File/Claim Number	Date Income Began
		Benefit Amount	
<input type="checkbox"/> C. Unreported Resource(s) (Any insurance, property, bank accounts, etc.) Recip ID:		List resource(s), give value, location of property, and name of Insurance Company or bank.	
<input type="checkbox"/> D. Misrepresentation of Eligibility Factors (child out of home, spouse in home, etc.) Recip ID:		Name Supporting Document(s) and Attach to Referral	
<input type="checkbox"/> E. Other (Explain dual assistance, MA, abuse, etc.) Recip ID:			
16. Type: <input type="checkbox"/> Non-Project, How Discovered? <input type="checkbox"/> Project Name			
17. Describe violation checked above (include names, address and phone number, if known. Use additional pages, if necessary.)			
18. Worker/Originator Signature		Date	Phone number ()
INSPECTOR GENERAL REPLY			
19. The Above Complaint of Alleged Fraud Has Been Acted Upon as Follows: <input type="checkbox"/> Screening of Referral Does Not Indicate Fraud <input type="checkbox"/> Referral Accepted <input type="checkbox"/> Insufficient Information to Pursue		20. OIG Screener	Date
		21. OIG Agent	Date
22. Remarks			

See Next Page for Form Instructions

INSTRUCTIONS FOR THE FRAUD INVESTIGATION REQUEST

The revised DHS-834 is to be sent to the Office of Inspector General (OIG) or the County DHS designated representative as specified in the Program Administrative Manual (PAM) 700 series. It is to be used for alleged fraud only. Do NOT refer administrative error cases to the OIG. All alleged recipient referrals in Wayne County will be sent to:

Original copy to:

OIG Agent for your district office

& a copy of the request to:

OIG
Cadillac Place - Suite 6-500
3038 W. Grand Blvd.
Detroit, MI 48202-6038

All other counties will send alleged recipient fraud referrals to:

Original copy to:

OIG Agent for your local office

& a copy of the request to:

OIG
Central Office – Suite 1115, Grand Tower Bldg.
Lansing

The DHS-834 is to be completed as per the following instructions. Numbers refer to numbered boxes in the form. The referral originator will only complete boxes 1 through 18.

1. Grantee Name (last, first, middle)
2. Grantee Client ID
3. Case Number
4. Date of Request (date DHS-834 completed)
5. County/District/Section/Unit/Specialist (enter appropriate designation from load number)
6. Program (enter primary program the client is a recipient of, e.g., ADC/FIP, SDA, SFA, MA, FS, CDC, Services, SER, Employee Fraud)
7. Maiden Name or Alias (enter if known or important)
8. Birth Date (month/day/year)
9. Social Security Number (nine digit number)
10. Recipient's Current Address (enter most recent address known, use No. 17 if directions to address are needed).
11. Recipient's Telephone Number.
12. Case Status (current status of primary program - transferred means the welfare case is being administered by a county other than where the fraud referral originated)
13. Approximate Amount of Assistance Received Ineligibly (enter best estimate of the difference between amount entitled to receive and amount ineligibly received).
14. Period of ineligible receipt (enter best estimate of beginning and ending dates when benefits were received ineligibly)
15. Program Violations (all programs where fraud is alleged - could differ from No. 6)
 - The five information fields located below No. 15 are extremely important. The fraud complaint can be acted on in a timely and efficient manner only if necessary background information is provided by the complainant. Additional sheets and/or documents can be attached if necessary. Do multiple forms if there are multiple instances, e.g. more than one unreported earned income source. Enter the Recipient ID of the person with the unreported income or other factor.
16. Indicate whether or not referral is associated with a project. If non-project, describe how the violation was discovered, e.g., wage match, case read, QC, interview, etc. If project, enter name of project.
17. Self -explanatory.
18. and
19. The OIG shall evaluate the referral as to appropriateness and priority for assignment and indicate OIG response.
20. Person who screens referral.
21. Person assigned investigation.

If the allegations presented on the DHS-834 are not sufficiently substantiated, the DHS-834 is returned indicating such.

If a referral shows a potential for fraud but the OIG does not have sufficient resources for immediate resolution of the allegation, a copy will be returned indicating such. This means that the referral will be retained by the OIG for future action.

If the referral contains sufficient information to warrant assignment, a copy will be returned indicating such.

Understanding the DHS-1419, State Emergency Relief Decision Notice

SERVICE REQUESTED

For a household to qualify for MEAP services, they must receive a DHHS SER crisis assistance payment for one or more of the following energy services:

- Heat- Natural Gas/Wood/Other
- Heat – Deliverable Fuel
- All Electric Household
- Non-Heat Electricity
- Heat Deposit/Reconnect Fees
- Non-Heat Electric Deposit/Reconnect Fees

DHS PAYS

This is the maximum payment DHHS will issue. If the client pays more than their required copayment, the DHHS payment will be reduced.

YOUR PAYMENT

This is the cumulative amount the client must pay in order for the SER payment to be issued. As noted in the Decision Notice, DHHS must have proof that the client payment(s) has been made by the required date in order for the payment(s) to be approved. Note: When a client copay is required, DHHS will refer to the request as being “pseudo-certified” or “pseudo authorized”. This means the payment amount has conditionally been approved but will not be made unless the client copay requirement has been satisfied.

TOTAL

This is the total amount required to resolve the crisis for the 30 day period.

DATES COVERED

The Dates Covered field identifies the SER 30 Day period. The first date of the 30 day period is the application date; the end date is the last day that the client has to provide verification that a required copayment has been made.

Here are 5 examples of Decision Notices with copays and 1 without:

Example #1: alien proration and overcap copay

STATE EMERGENCY RELIEF DECISION NOTICE

We have made a determination on your request for assistance.

\$212.50 copay results from alien proration - not an allowable MEAP payment

\$350.00 copay is an amount over the fiscal year cap. MEAP funds can be used to assist with this copay

SERVICE REQUESTED	DHS PAYS	YOUR PAYMENT	TOTAL	DATES COVERED
Non-Heat Electricity	\$ 637.50	\$ 562.50	\$ 1200.00	05/24/2018 - 06/22/2018

Your total copayment is \$ 562.50 and results from \$ 0.00 unmet required payments (shortfall), \$ 0.00 income/asset copayment, **\$ 212.50 prorated amount**, **\$ 350.00 contributions from you and/or other sources.**

No DHS payment(s) will be made for **any service(s)** until you provide proof that you made your payment(s) shown above. If verification of your payment(s) is not returned by 06/22/2018 the DHS payment(s) will not be made and you will need to reapply. The DHS payment will be authorized ONLY for the item(s) and amount(s) specified above. Payment covers only the time period listed.

\$ 0.00 has been identified as illegal usage and has not been considered in this request. You are responsible for this amount.

Your payment may include a contribution for services that are not eligible for SER payment.

Example #2: shortfall in required payments

STATE EMERGENCY RELIEF DECISION NOTICE

We have made a determination on your request for assistance.

\$75.45 copay is a result from a shortfall in required payments. MEAP funds can be used to assist if the household has completed a self-sufficiency activity.

SERVICE REQUESTED	DHS PAYS	YOUR PAYMENT	TOTAL	DATES COVERED
Heat - Deliverable Fuel	\$ 545.27	\$ 75.45	\$ 620.72	01/18/2018 - 02/16/2018

You must provide the original bill for Heat - Deliverable Fuel by 02/16/2018 or payment may not be made. If the bill has already been provided, please disregard.

Payment for deliverable fuel will not be made if, upon delivery, it is confirmed you have more than 25 percent of fuel remaining in your tank. You may be responsible for the cost.

Your total copayment is \$ 75.45 and results from **\$ 75.45 unmet required payments (shortfall)**, \$ 0.00 income/asset copayment, \$ 0.00 prorated amount, \$ 0.00 contributions from you and/or other sources.

No DHS payment(s) will be made for **any service(s)** until you provide proof that you made your payment(s) shown above. If verification of your payment(s) is not returned by 02/16/2018 the DHS payment(s) will not be made and you will need to reapply. The DHS payment will be authorized ONLY for the item(s) and amount(s) specified above. Payment covers only the time period listed.

Example #3: shortfall in required payments and overcap copay

STATE EMERGENCY RELIEF DECISION NOTICE

We have made a determination on your request for assistance.

\$372.00 copay is a result from a shortfall in required payments. MEAP funds can be used to assist if the household has completed a self-sufficiency activity.

\$17.46 copay is an amount over the fiscal year cap. MEAP funds can be used to assist with this copay.

SERVICE REQUESTED	DHS PAYS	YOUR PAYMENT	TOTAL	DATES COVERED
Heat - Natural Gas/Wood/Other	\$ 536.00	\$ 372.00	\$ 908.00	04/03/2018 - 05/02/2018
Non-Heat Electricity	\$ 850.00	\$ 17.46	\$ 867.46	04/03/2018 - 05/02/2018

Your total copayment is \$ 389.46 and results from \$ 372.00 unmet required payments (shortfall), \$ 0.00 income/asset copayment, \$ 0.00 prorated amount, \$ 17.46 contributions from you and/or other sources.

No DHS payment(s) will be made for **any service(s)** until you provide proof that you made your payment(s) shown above. If verification of your payment(s) is not returned by 05/02/2018 the DHS payment(s) will not be made and you will need to reapply. The DHS payment will be authorized **ONLY** for the item(s) and amount(s) specified above. Payment covers only the time period listed.

\$ 0.00 has been identified as illegal usage and has not been considered in this request. You are responsible for this amount.

Example #4: shortfall in required payments and an asset copay

STATE EMERGENCY RELIEF DECISION NOTICE

We have made a determination on your request for assistance.

\$103.00 copay is a result from a shortfall in required payments. MEAP funds can be used to assist if the household has completed a self-sufficiency activity.

\$24.06 results from an asset copay and is not an eligible MEAP payment.

SERVICE REQUESTED	DHS PAYS	YOUR PAYMENT	TOTAL	DATES COVERED
Heat - Deliverable Fuel	\$ 340.00	\$ 155.00	\$ 495.00	04/12/2018 - 05/11/2018

You must provide the original bill for Heat - Deliverable Fuel by 05/11/2018 or payment may not be made. If the bill has already been provided, please disregard.

Payment for deliverable fuel will not be made if, upon delivery, it is confirmed you have more than 25 percent of fuel remaining in your tank. You may be responsible for the cost.

Your total copayment is \$ 155.00 and results from \$ 103.00 unmet required payments (shortfall), \$ 24.06 income/asset copayment, \$ 0.00 prorated amount, \$ 27.94 contributions from you and/or other sources.

\$ 0.00 has been identified as illegal usage and has not been considered in this request. You are responsible for this amount.

Your payment may include a contribution for services that are not eligible for SER payment.

Example #5: asset copay

STATE EMERGENCY RELIEF DECISION NOTICE

We have made a determination on your request for assistance.

\$175.76 results from an asset copay and is not an eligible MEAP payment.

SERVICE REQUESTED	DHS PAYS	YOUR PAYMENT	TOTAL	DATES COVERED
Non-Heat Electricity	\$ 117.23	\$ 175.76	\$ 292.99	01/10/2018 - 02/08/2018

Your total copayment is \$ 175.76 and results from \$ 0.00 unmet required payments (shortfall), **\$ 175.76** income/asset copayment, \$ 0.00 prorated amount, \$ 0.00 contributions from you and/or other sources.

No DHS payment(s) will be made for **any service(s)** until you provide proof that you made your payment(s) shown above. If verification of your payment(s) is not returned by 02/08/2018 the DHS payment(s) will not be made and you will need to reapply. The DHS payment will be authorized ONLY for the item(s) and amount(s) specified above. Payment covers only the time period listed.

\$ 0.00 has been identified as illegal usage and has not been considered in this request. You are responsible for this amount.

Your payment may include a contribution for services that are not eligible for SER payment.

Example #6: DHHS approval with no copay

STATE EMERGENCY RELIEF DECISION NOTICE

We have made a determination on your request for assistance.

SERVICE REQUESTED	DHS PAYS	YOUR PAYMENT	TOTAL	DATES COVERED
Heat Deposit/ Reconnect Fees	\$ 75.00	\$ 0.00	\$ 75.00	05/03/2018 - 06/01/2018
Non-Heat Electricity	\$ 721.01	\$ 0.00	\$ 721.01	05/03/2018 - 06/01/2018
Heat - Deliverable Fuel	\$ 493.75	\$ 0.00	\$ 493.75	05/03/2018 - 06/01/2018

Payment for deliverable fuel will not be made if, upon delivery, it is confirmed you have more than 25 percent of fuel remaining in your tank. You may be responsible for the cost.

\$ 0.00 has been identified as illegal usage and has not been considered in this request. You are responsible for this amount.

Your payment may include a contribution for services that are not eligible for SER payment.

Proof of Affordable Payment Plan enrollment for SER copay

Case Name: _____

Case Number: _____

Address: _____

This notice is to verify that the client's household is being enrolled into an Affordable Payment Plan (APP). Enrollment into an APP can be used to satisfy the household's shortfall and/or client contribution, per ERM 208 and ERM 301.

____ Enrollment into Consumers Energy's Consumers Affordable Resource for Energy (CARE) program for the following service(s): ____ Natural Gas ____ Electricity

____ Enrollment into DTE Energy's Low-Income Support Plan (LSP) for the following service(s):
____ Natural Gas ____ Electricity

____ Enrollment into SEMCO's Monthly Assistance Program (MAP) for Natural Gas services

By signing this form, I understand that my SER copayment will **not** be paid on my behalf at this time and I will be enrolled in my energy provider's ongoing Affordable Payment Plan to satisfy the copayment requirement for my SER request for energy services.

Print Name

Signature

Date

I have explained the Affordable Payment Plan(s) with the individual/household member and confirm their eligibility for the program. The household will be enrolled in the APP referenced above in lieu of our agency issuing a direct payment for the shortfall and/or client contribution.

MEAP Grantee

Contact Number/Email Address

Print Name

Signature

Date

Updated 11/2/2018