



Pennsylvania Department of Human Services
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
2019 VENDOR AGREEMENT
SIGNATURE PAGE FOR NEW LIHEAP VENDORS

ADMINISTRATIVE USE ONLY		
<input type="checkbox"/> log	<input type="checkbox"/> eCis	<input type="checkbox"/> PROMiSe

List your company's Federal I.D. Number

List your fax number for LIHEAP purposes

Vendors must be accessible and responsive to DHS representatives who need to determine heating responsibility or discuss how to resolve a Crisis situation. Vendors must also be accessible and responsive to the LIHEAP Vendor Unit when contacted to provide information. Emails are sent from the Vendor Unit to communicate important information about LIHEAP throughout the season. **After reading the Conditions of the 2019 Vendor Agreement, to become a vendor with LIHEAP in Pennsylvania, please sign and return this signature page by one of these methods:**

Email to RA-LIHEAPVendors@pa.gov OR Fax to 717-231-5516 OR Mail to LIHEAP Vendor Agreement, P.O. Box 2675, Harrisburg, PA 17106-2675

Emails are sent from the Vendor Unit to communicate important information about LIHEAP throughout the season.

List email address where Vendor Unit can send important LIHEAP info during the season: _____

Phone number for local DHS representatives to verify a heating account or call with a Crisis Pledge: _____

List the representatives from your company who will communicate with the LIHEAP Vendor Unit:

Name / direct phone number / email address: _____

Name / direct phone number / email address: _____

LIHEAP Provider Payment Lists (also called Remittance Advice or vouchers) are posted in a PDF format to the Crisis Claim system 9 days before the Treasury pay date, allowing vendors to prepare deliveries and apply LIHEAP credits to customer accounts. Vouchers are also available via the commonwealth's secure transfer of information system, SeGOV/MOVEIt, to vendors whose IT system has a static IP address.

Call the vendor unit (1-877-537-9517) or email RA-LIHEAPVendors@pa.gov if this is not sufficient for you to receive LIHEAP grant information.

Please check all types of energy your company provides:				<input type="checkbox"/> Electric	<input type="checkbox"/> Natural gas	Is your company a regulated utility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Propane or bottled gas	<input type="checkbox"/> Coal	<input type="checkbox"/> Wood/other	<input type="checkbox"/> Fuel oil	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Blended fuel (50% oil and 50% kerosene)				
Indicate all of the counties where your company does business, makes deliveries, or provides service: (Please check all that apply)									
<input type="checkbox"/> Adams	<input type="checkbox"/> Butler	<input type="checkbox"/> Columbia	<input type="checkbox"/> Franklin	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Snyder	<input type="checkbox"/> Wayne		
<input type="checkbox"/> Allegheny	<input type="checkbox"/> Cambria	<input type="checkbox"/> Crawford	<input type="checkbox"/> Fulton	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Montour	<input type="checkbox"/> Somerset	<input type="checkbox"/> Westmoreland		
<input type="checkbox"/> Armstrong	<input type="checkbox"/> Cameron	<input type="checkbox"/> Cumberland	<input type="checkbox"/> Greene	<input type="checkbox"/> Lehigh	<input type="checkbox"/> Northampton	<input type="checkbox"/> Sullivan	<input type="checkbox"/> Wyoming		
<input type="checkbox"/> Beaver	<input type="checkbox"/> Carbon	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Huntingdon	<input type="checkbox"/> Luzerne	<input type="checkbox"/> Northumberland	<input type="checkbox"/> Susquehanna	<input type="checkbox"/> York		
<input type="checkbox"/> Bedford	<input type="checkbox"/> Centre	<input type="checkbox"/> Delaware	<input type="checkbox"/> Indiana	<input type="checkbox"/> Lycoming	<input type="checkbox"/> Perry	<input type="checkbox"/> Tioga	<input type="checkbox"/> Statewide		
<input type="checkbox"/> Berks	<input type="checkbox"/> Chester	<input type="checkbox"/> Elk	<input type="checkbox"/> Jefferson	<input type="checkbox"/> McKean	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Union			
<input type="checkbox"/> Blair	<input type="checkbox"/> Clarion	<input type="checkbox"/> Erie	<input type="checkbox"/> Juniata	<input type="checkbox"/> Mercer	<input type="checkbox"/> Pike	<input type="checkbox"/> Venango			
<input type="checkbox"/> Bradford	<input type="checkbox"/> Clearfield	<input type="checkbox"/> Fayette	<input type="checkbox"/> Lackawanna	<input type="checkbox"/> Mifflin	<input type="checkbox"/> Potter	<input type="checkbox"/> Warren			
<input type="checkbox"/> Bucks	<input type="checkbox"/> Clinton	<input type="checkbox"/> Forest	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Monroe	<input type="checkbox"/> Schuylkill	<input type="checkbox"/> Washington			

SOLID/LIQUID FUEL VENDORS ONLY:	If you are a wood vendor, do you sell <input type="checkbox"/> firewood or <input type="checkbox"/> pellets?
Does your company have off-route or emergency delivery fees? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate fee structure below.	
\$ _____ Same Day \$ _____ Next Day \$ _____ Weekend \$ _____ Holiday \$ _____ Off Route \$ _____ Furnace Start Up Fee	
Does your company require a minimum delivery? <input type="checkbox"/> No <input type="checkbox"/> Yes - Indicate amount _____ and fee if not met: \$ _____	
Do you have a variable pricing structure based on quantity or date delivery is paid? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain pricing structure: _____	

Vendor signature and acknowledgments:
My signature on this document confirms that the person or company listed above meets the commonwealth's definition of a LIHEAP Vendor, as defined on the 2019 Vendor Agreement. I attest that I have read and understand the conditions listed on the 2019 LIHEAP Vendor Agreement.

As an authorized representative for the vendor (company or business indicated above), I hereby certify that this vendor:

- Is not currently under suspension or debarment by the Commonwealth of Pennsylvania, any other state, or the federal government.
- Agrees to comply with all of the conditions set forth on pages 1 through 4 of the 2019 LIHEAP Vendor Agreement.
- Will retain a copy of this signed agreement for reference and share it with staff responsible for any activity involving LIHEAP funds.

I also understand that:

- This agreement will terminate on June 30, 2021, unless superseded by a new agreement, or terminated for convenience upon 30-day written notice.
- Failure to comply with any of these conditions may result in removal from the approved vendor file and suspension of further payments.

Print Name of Authorized Representative

Signature of Authorized Representative

Phone Number

Date