



Pennsylvania Department of Human Services
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
2021 VENDOR AGREEMENT
SIGNATURE PAGE FOR NEW LIHEAP VENDORS

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

List your company's Federal I.D. Number

List your fax number for LIHEAP purposes

Vendors must be accessible and responsive to the Vendor Unit and to DHS representatives who need to determine heating responsibility or discuss how to resolve a Crisis situation. **After reading the Conditions of the 2021 Vendor Agreement, to become a vendor with LIHEAP in Pennsylvania, please acknowledge your agreement by signing this signature page and returning it 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 17105-2675

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

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

List email addresses where you want to receive these emails: _____

List the names of representatives from your company who will communicate with the LIHEAP Vendor Unit and their contact information:

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: Electric Natural gas Propane or bottled gas Coal Wood/other Fuel oil Kerosene Blend of 50% oil and 50% kerosene

Is your company a regulated utility? Yes No

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 firewood or pellets?

Does your company have off-route or emergency delivery fees? No 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? No Yes - Indicate amount _____ and fee if not met: \$ _____

Do you have a variable pricing structure based on quantity or date delivery is paid? No 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 2021 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 2021 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, 2023, 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