AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Energy Outreach Colorado Grant Application

Action Requested: County Manager Signature

Parties to the Agreement: Gunnison County and Energy Outreach Colorado

Term Begins: Oct. 1, 2014 **Term Ends:** 9/30/2015 **Grant Contract #:** N/A

Summary:
This grant is for emergency utility payments to vendors on behalf of eligible applicants.

Fiscal Impact: $19,260 requested/no county funds

Submitted by: Renee Brown **Submitter's Email Address:** renee.brown@state.co.us

Finance Review: (●) Required ( ) Not Required

Comments:

The Energy Outreach Colorado grant provides direct benefit to folks needing assistance for fuel/energy bills. There is a small administrative stipend included in the grant to cover admin costs. --M Eden 6/2/14

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 6/2/2014

County Attorney Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\atrezise Discharge Date: 6/5/2014 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 6/5/2014

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: n/a

Agenda Date: 6/17/2014 Follow Up Agenda Date: n/a

Revised April 2013

ENERGY OUTREACH COLORADO
APPLICATION FOR HOME ENERGY ASSISTANCE GRANT
OCTOBER 1, 2014 THROUGH SEPTEMBER 30, 2015

PART 1 - ORGANIZATIONAL INFORMATION

Agency Name: **Gunnison/Hinsdale County DHS**

Mailing Address: **225 N Pine St Ste A, Gunnison, CO 81230**

Location Address (if different): **225 N Pine #A, Gunnison, CO 81230**

Telephone Number for clients to call to request assistance: **(970) 641-3244 ext 1**

Website: **gunnisoncounty.org**

Agency EIN: **84-6000770**

Agency restrictions on client eligibility:

Counties served:
Gunnison, Hinsdale

PART 2 - ORGANIZATIONAL STAFF

Current staff who will be working with clients as well as the specific position listed below:

First Name	Last Name	Title	Phone Number	Email	Years of Service	Annual Salary	Primary Contact	Grant Application Contact
Karin	Stewart		970-641-7984	kstewart@gunnisoncounty.org	0	********	X	X
Kathy	Ashwood		970-641-4661	Kathy.ashwood@state.co.us	0	********		
Renee	Brown		970-641-7940	renee.brown@state.co.us	0	********		

PART 3 – ADDITIONAL ORGANIZATIONAL INFORMATION

Non-profit status: **Governmental Organization**

Top five funders and the amount of their support in 2013 (501(c)3 organizations only):

Local property tax (Gunnison County)	**$278,000.00**
Intergovernmental (CDHS and other state agencies)	**$4,055,230.00**
Fees/charges	**$84,528.00**
Donations/grants/other	**$145,030.00**
Transfers in	**$237,818.00**

Does your agency have a non-discrimination policy that includes race, ethnicity, gender, sexual orientation and religion?
Yes

Text of your agency's non-discrimination policy:
We do not discriminate against applicants or employees on the basis of age, rece, sex, color, religion, national origin, disability, sexual orientation, political affiliation, or any other status protected by state or local law.

Does your organization have an established accounting system and conduct an annual audit? **Yes**

CPA firm that conducted your most recent audit: **McMahan and Associates**
Year of your most recent audit: **2014**
If no, please explain: **The 2012 audit is most current approved audit**

Current Board Members:

Jonathan Houck , Commissioner	**Gunnison County**
Paula Swenson, Commissioner	**Gunnison County**
Phil Chamberland, Commissioner	**Gunnison County**
Susan Thompson, Commissioner, Hinsdale County	**Hinsdale County**

PART 4 – ORGANIZATIONAL BUDGET INFORMATION

Current Organizational Budget
Start Date of Current Budget: **10/1/2014**
End Date of Current Budget: **9/30/2015**

Income

Description	Amount
Property Tax Gunnison county	**$278,000.00**
Intergovernmental state allocation and State and F	**$4,055,230.00**
Charges	**$84,528.00**
Contributions and grants	**$56,184.00**
Transfers In	**$237,818.00**
Other financing sources and misc.	**$88,846.00**
	$0.00
	$0.00
	$0.00
	$0.00
Total	**$4,800,606.00**

Expenses

Description	Amount
Personnel	**$1,822,829.00**
Supplies	**$169,667.00**
Purchased Services	**$464,062.00**
Community Programs/contrib.	**$2,254,835.00**
Transfers out (attny., finance, etc.)	**$257,968.00**
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
Total	**$4,969,361.00**

Current Utility Assistance Program Budget
Start Date of Budget: **10/1/2014**
End Date of Budget: **9/30/2015**

Income

Description	Amount
LEAP	**$90,000.00**
CSBG	**$2,000.00**
EOC	**$19,260.00**
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
Total	**$111,260.00**

Expenses

Description	Amount
Utilities	**$98,000.00**
Admin.	**$13,260.00**
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00

	$0.00
	$0.00
Total	**$111,260.00**

PART 5 – GRANT REQUEST

INFORMATION REGARDING LAST YEAR'S GRANT

2013 FEMA Funds
Amount Received: **$0.00**
Number of households assisted: **0**

2012 - 2013 Other Funding Sources
Amount Received: **$80,000.00**
Number of households assisted: **239**

Number of households that were denied utility assistance for the following reasons:

Not having enough funds to assist the client	**0**
Client already received EOC funds this grant period	**0**
Client not meeting income requirements	**22**
Client not being in arrears	**0**
Client not having a plan to pay utilities in the future	**0**
Client's bill being too large	**0**
Client not eligible for other reasons	**70**

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***2014-2015* GRANT REQUEST**

ASSISTANCE AMOUNT REQUESTED FOR OCTOBER 1, 2014 THROUGH SEPTEMBER 30, 2015:
$18,000.00

ADMINISTRATIVE AMOUNT REQUESTED FOR OCTOBER 1, 2014, THROUGH SEPTEMBER 30, 2015:
$1,260.00

TOTAL AMOUNT REQUESTED:
$19,260.00

Describe briefly how you arrived at this amount:
The above is requested on past utilization. We still need additional case finding in Hinsdale County.

Please describe your current utility assistance program, including your guidelines for providing assistance.
We provide utility assistance to individuals through LEAP and secondarily through EOC. A small CSBG fund is available for other utility related emergencies. Individuals who meet the income guidelines and who meet other consitions such as past due bills, assurance of 30 days of continued service may apply for a one time per year award.

Is this an expansion of services previously offered without EOC funds? **No**

What is the date that you agency became a continuous provider of utility assistance services? **1/1/2000**

Please select the percentage of your grant funds that you would like to receive on each of the following dates (must total 100%):

Oct. 1, 2014	**30%**	Jan. 2, 2015	**40%**
Apr. 1, 2015	**20%**	Jul.1, 2015	**10%**

This space is provided for you to tell the Grant Advisory Committee anything you would like them to know about your organization (100 words or less):

Energy Outreach Colorado

HOME ENERGY ASSISTANCE GRANT
RECIPIENT ORGANIZATION CERTIFICATION FORM

As a recipient of Energy Outreach Colorado (EOC) funds, made available for the period October 1, 2014 through September 30, 2015, and as the duly authorized representative of

Gunnison County
(Name of Agency)

I certify that my public or private organization:

- Is non-profit or governmental and will provide immediate written notification of any change in the organizations' tax-exempt status
- Has the capability to provide emergency utility services
- Will use funds to supplement and extend existing resources and will not substitute or reimburse ongoing programs and services
- Has an accounting system or fiscal agent who will verify documentation required by EOC
- Conducts an annual audit or annual review
- Has a non-discrimination policy that includes race, ethnicity, gender, sexual orientation and religion, and practices non-discrimination. Agencies with religious affiliations will neither refuse service to an applicant based on religion, nor engage in religious proselytizing in the utility program funded by EOC
- Has a volunteer Board of Directors
- Has read and understands the ineligible costs of the program and will expend monies only on eligible costs and keep complete documentation (copies of cancelled checks, invoices, receipts, etc.) on all expenditures for a minimum of seven years and will not spend more than $1,000 for assistance per client
- Using www.EnergyOutreach.org, agencies will track the information as detailed in the database, including the number of applicants who were denied EOC grant assistance because they received EOC funds from another agency or the agency ran out of EOC funds or for any other reason
- Will spend all funds and close out the program by September 30, 2015 and return any unused funds to EOC by October 15, 2015
- Will not pre-spend each quarter's funding
- Will allow the EOC Board of Directors, the EOC Executive Director and any other duly authorized EOC representative, including but not limited to an outside auditor, to have access to all pertinent books, documents, papers and records of the recipient organization to make audits examinations, excerpts and transcripts
- Will allow EOC and/or any of their duly authorized representatives to conduct an agency site visit at any time
- Will allow EOC to review and approve the text of any proposed publicity concerning this grant prior to its release
- Recognizes EOC reserves the right to discontinue, modify or withhold any payments to be made under this grant award or to require a total or partial refund of any grant funds if, in EOC's sole discretion, such action is necessary because the agency did not fully comply with the guidelines and requirements of this grant
- Recognizes EOC shall not be responsible in the event of any dispute between the applicant and the agency and indemnifies and holds EOC harmless from any liability (including attorney fees) arising out of this grant, any activities conducted by the agency and any claims by any applicant
- Will ensure that each client signs a release and confidentiality statement both for the Colorado PUC and EOC
- Agrees not to assist any staff member, volunteer, or any other persons associated with the agency with EOC funds

NAME: _____ Signature

Matthew Birnie
Print Name

TITLE: County Manager

DATE: _____

(Acceptable signatures: Executive Director, Chair or Vice Chair of the Board, Secretary or Treasurer)