



## Keeping Cumberland County Warm Guidelines

### **SLFRF Heating Assistance Guidelines**

Heating assistance is a fundamental element of health, well-being, self-sufficiency, and economic mobility. Families struggling due to hardships caused by COVID-19 are at greater risk for energy insecurity. With more than 60 percent of Maine homes reliant on heating oil, compared to 4 percent nationally and between 24-42 percent elsewhere in New England, Maine is the most heating oil dependent state in the country.

The New England electrical grid, which supplies power to a majority of Maine, is also over-reliant on natural gas-generated electricity. This makes Maine distinctly vulnerable to the increased prices and volatility the global fossil fuel market is now experiencing.

Cumberland County recognizing these factors are directly contributing to a grim winter forecast for low-income families who face impossible choices among essential needs such as food, heat, and medicine. To address these and other negative economic impacts of the pandemic on households in our community Cumberland County created the Keeping Cumberland County Warm Program.

County Contact for the Program:

Sandy Warren

Cumberland County Compliance & Audit Manager

[warren@cumberlandcounty.org](mailto:warren@cumberlandcounty.org)

[207-209-4940](tel:207-209-4940)

**This guideline is a brief over the program, for more information or to answer specific questions please reach out to Sandy Warren, Compliance and Audit Manager either via email [warren@cumberlandcounty.org](mailto:warren@cumberlandcounty.org) or 207-209-4940**

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### **Program Eligibility:**

To be eligible for Keeping Cumberland County Warm, you must be a resident of Cumberland County, Maine and you must need financial assistance with home energy costs. Funding is to support heating assistance in the form of oil, wood and propane. The County will support funding sources that include Electric or Natural gas, however the bill needs to clearly outline the costs increase from what is normal usage vs winter time increases. So it is clear the funds are specifically targeting heating costs only.

**To be eligible, you must have an annual household income (before taxes) that is below the following amounts:**

### **Income Guidelines**

Family Size	Income minimums	Max Income
1	\$30,871	<b>\$40,770</b>
2	\$40,357	<b>\$54,930</b>
3	\$49,583	<b>\$69,090</b>
4	\$59,349	<b>\$82,710</b>
5	\$68,434	<b>\$97,410</b>
6	\$78,340	<b>\$111,570</b>
7	\$80,121	<b>\$125,730</b>
8	\$81,901	<b>\$139,890</b>
9	\$83,682	<b>\$154,050</b>
10	\$85,462	<b>\$168,210</b>

### **Eligible Uses:**

The intention of keeping Cumberland County warm is to provide additional support heating assistance for persons or families that otherwise would not be eligible to receive funding via General Assistance due to income eligibility. The goal of the funds is to target families with incomes above the General assistance and LIHEAP income Caps for Cumberland County.

**Eligible activities are limited to heating assistance. Clients can seek funds more than once, however funds must be reasonably proportioned to**

**Eligible expenses for heating assistance include:**

- **Oil**
- **Wood**
- **Propane**
- **Natural Gas**

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- **Electricity**
- **kerosene**
- **Wood Pellets**

All utility bills provided must clearly outline the cost increase specific to wintertime heating vs. normal usage. It needs to be clear the funds are specifically targeting heating costs only. GA will work with the vendors to provide direct payment on behalf of the client. Vendors should be reputable and reasonable in cost when compared to the current market rate pricing. Under no circumstances will cash payments be provided to clients or vendors.

### **Ineligible Expenses**

Ineligible expenses are items that are not heating assistance. Expenses must follow the outlined distribution of funds requirements. Examples of ineligible expenses include:

- Cash payments
- Rental assistance
- Using County funds to supplement GA expenses.
- Food assistance
- All other expenses not related to heating assistance
- Surplus of supply, request must be reasonably proportional to need. For example a client may not request 15 tons of wood pellets to create a stockpile.

### **Income and verification**

Gross Annual income is the amount of income that is used to determine a family's eligibility for assistance. Annual income is defined as follows:

1. All amounts, monetary or not, that go to or are received on behalf of the family head, spouse or co-head (even if the family member is temporarily absent), or any other family member; or
2. All amounts anticipated to be received from a source outside the family during the 12-month period following admission or annual recertification effective date.
3. Annual income includes amounts derived (during the 12-month period) from assets to which any member of the family has access.

The requirements for determining whether a family is eligible for assistance can be done in two ways. You may collect Tax returns from the household for the most recent year available to

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them. The Second is the administrator projects or estimate the annual income that the family expects to receive. There are several ways to make this projection. The following are two acceptable methods for calculating the annual income anticipated for the coming year:

1. The Admin calculates projected annual income by annualizing current income. Income that may not last for a full 12 months (e.g., unemployment compensation) should be calculated assuming current circumstances will last a full 12 months.
2. Request all information you need to determine the total anticipated income from all known sources during the year. Once all sources of income are known and verified, GA Admins must convert reported income to an annual figure. Convert periodic wages to annual income by multiplying:
  1. Hourly wages by the number of hours worked per year (2,080 hours for full-time employment with a 40-hour week and no overtime);
  2. Weekly wages by 52;
  3. Bi-weekly wages (paid every other week) by 26;
  4. Semi-monthly wages (paid twice each month) by 24; and
  5. Monthly wages by 12. To annualize other than full-time income, multiply the wages by the actual number of hours or weeks the person is expected to work.

Some circumstances present more than the usual challenges to estimating anticipated income. Examples of challenging situations include a family that has sporadic work or seasonal income or a tenant who is self-employed. In this case, a tax return along with wages as outlined above showing the project amount of this year's income. If the income is still over, they will not be able to receive services.

For repeat applicants, you must re-verify income if unless you already have on file a current updated tax return. The municipality must make a new eligibility determination, at the start of each new 30-day eligibility period. If eligibility has been determined for a 30-day period, but assistance is given for shorter intervals, the municipality is not required to re-determine eligibility during that shorter time period. Nothing prohibits a municipality from re-determining eligibility at any time during that 30-day period. Seasonal workers must use a tax return show proof of income reduction should their wages show a higher income level.

### **RETENTION OF RECORDS**

- A. Municipalities shall retain case records for a minimum of three full fiscal years from the end of the program April 15, 2023.

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1. Application must be signed and include all backup documentation required to determine eligibility and any other documents listed as required on the application.
2. Municipalities must retain copies of both the payment sent to the vendor and the receipt from the vendor for the service render.
3. The process of destroying records shall be determined by the local government records office for each municipality.

### **Distribution of funds**

The County will be relying on the general assistance department of your municipality to assist with program administration. Cumberland County residents will meet with local GA to determine income eligibility for Keeping Cumberland County Warm Program. The program has an application to be used by the municipality that outlines income guidelines and duplication of benefit requirements.

Each participating Municipality will sign a grant agreement with the County. The grant agreement will include a scope of work that will be jointly filled out by the Municipality and the County. Funds must be expended by April 15, 2023. All unused funds will be recaptured by the County and reprogrammed. The General Assistance department of your Municipality will conduct program administration, and use the guidelines provided to them by the County.

County staff will be monitoring each Municipality to ensure funding is being used in a timely manner. The State and Local Fiscal Recovery Funds must be kept separate from all other funding sources. The distribution of funds is intended to support our community members in need that are not eligible for existing GA and LIHEAP funding.

To distribute funds the County works off of a reimbursement process. Towns will have a maximum of \$50,000 to draw from the County. Expenditures cannot occur until a Municipality executes a grant agreement with the County. Expenditures after April 15, 2023, will not be reimbursed. Final invoices for reimbursement must be received by the County by May 15, 2023. Should a Municipality not expend the funding provided or fail to submit reimbursements by May 15, 2023, the County will recapture and reprogram funds.

The towns will initially expend the funds and then on a weekly, or monthly basis submit request for reimbursements to County Compliance and Audit Manager Sandy Warren for reimbursement by the County.

The State and Local fiscal recovery funds must be kept separate from all other federal funding. The County has created a specific application to be used for clients that meet the income eligibility. Though you may, with approval by the Compliance and Audit Manager use your own

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existing application as long as it addresses the same required information of the existing County application.

Mirroring the method used by LHEAP and GA, funding will not go to the client directly but rather to the vendor. Vendors should be reputable and be reasonable in cost when compared to the current market rate pricing.

### **Reimbursements**

The County must follow C.F.R. 200 uniform guidance. The County is required to follow a reimbursement process for payments. This requires that funds are expended first, then reimbursed by the County. A total of \$50,000.00 will be granted to each participating Municipality. Reimbursement requests must include the following:

- Completed and signed County Client Application
- Income verifications, to prove income eligibility
- Signed duplication of benefits form
- Invoice from the vendor to the Municipality
- Proof of payment to the vendor from the Municipality
- Invoice from the Municipality to the County seeking reimbursement

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### Keeping Cumberland County Warm Application

**Instructions:** the below information will be utilized to determine eligibility for heating assistance under the SLFRF program. The Keeping Cumberland County Warm heating Assistance Program helps qualified homeowners and renters pay for heating costs. Benefits include help paying for fuel and emergency fuel delivery. Households are eligible that are making above the income thresholds of GA & LHEAP but not more than the 300% Federal Poverty Guidelines.

**Applicant Information:**

- A. Name of Individual: \_\_\_\_\_
- B. Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ County: \_\_\_\_\_

**What do you have for a heating source?** \_\_\_\_\_

**Declaration of Income and Family size:**

I declare that my household income (select one) \_\_\_\_\_ month or \_\_\_\_\_ year was \$\_\_\_\_\_. I also certify that a total of \_\_\_\_\_ people (including spouse, children, parents, grandparents, etc.) are living in my household.

**Declaration of Assistance**

I declare that I have received the following assistance from other sources:

- None
- State of Maine Winter Energy Relief Payment:
- Other: \_\_\_\_\_

If you check any box other than none, please explain below what those were and how you used them:

Please circle the category that fits your family size and income.

Family Size	GA Income Caps	LIHEAP Income Caps	Low-Moderate Income
1	\$15,156	\$30,860	<b>\$30861- \$40,770</b>
2	\$17,556	\$40,356	<b>\$40,357- \$54,930</b>
3	\$22,716	\$49,582	<b>\$49,583- \$69,090</b>
4	\$28,980	\$59,348	<b>\$59,349- \$82,710</b>

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5	\$35,496	\$68,843	<b>\$68,434- \$97,410</b>
6	\$35,571	\$78,339	<b>\$78,340-\$111,570</b>
7	\$35,646	\$80,120	<b>\$80,121-\$125,730</b>
8	\$35,721	\$81,900	<b>\$81,901-\$139,890</b>
9	\$35,796	\$83,681	<b>\$83,682-\$154,050</b>
10	\$35,871	\$85,461	<b>\$85,462-\$168,210</b>

**Ethnicity:** *(select only one)*  Hispanic or Latino  Not Hispanic or Latino

**Race:** *(select one or more)* \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                               |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White                            | <input type="checkbox"/> Other                               |

**Have you been impacted by COVID-19? If so please check the box that best fits you.**

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- COVID impacted your income
- COVID impacted any or all of the following: livelihood, Mental Health, Physical health, food security

**Applications that qualify for GA OR LIHEAP are ineligible for this program**, income must be above LIHEAP levels but no more than the Low- Moderate Income. Expectation may be granted with written approval and justification. Approvals and justification must be submitted to the County Compliance and Audit Manager and approved prior to funding.

**Funding must be reasonably proportional to your need. You may not receive more than your need or request a surplus.**

I certify that the information that I provided is correct and true. I understand that this information will be used to determine my eligibility for assistance and if there is information found to be duplicative, I may be required to repay funds.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Required Documentation:**

- \*Income Verification
- \*Copy of past-due utility bills if applicable to show cost of heat vs normal usage.
- \*Photo ID and proof of residency such as a utility bill. Or some way to identify that the client is who they say they are and lives at the location being assisted.



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### **Keeping Cumberland County Warm Application Duplication of Benefits Affidavit**

#### **INSTRUCTIONS/INFORMATION:**

The Affidavit must be signed by the head of household applying for financial assistance under the Keeping Cumberland County Warm (SLFRF) heating Assistance Program.

By signing this Affidavit, the applicant certifies to the accuracy of the information provided. Financial assistance available under this program comes from the U.S. Department of Treasury. If fraud is committed to obtain heating assistance, the applicant could be 1) required to repay all overpaid assistance received, 2) fined, and/or 3) imprisoned.

#### **AFFIDAVIT**

This Affidavit shall be considered part of the application for grant assistance through the Keeping Cumberland County Warm heating Assistance Program and is incorporated therein.

Read this carefully to be sure the information in it is true and complete before signing. The information affirmed by this Affidavit and included in the application is subject to verification by Treasury, The Cumberland County Compliance & Audit Manager, Local Municipal Ga, and their respective agents.

The undersigned, hereinafter referred to as “Applicant,” affirms as follows:

1. The information provided herein and in the accompanying application is true and accurate.
2. Applicant has not received heating assistance from other sources, including supplemental employment, income payments, or any other grant, subsidy, or gift.
4. Applicant owns or rents the home/apt. (check one):
  - Own
  - Rent

By executing this Affidavit, Applicant acknowledges and understands that Title 18 of United States Code Section 1001 makes it a violation of federal law for a person to knowingly and willfully:

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- (a) Falsify, conceal, or cover up a material fact;
- (b) Make any materially false, fictitious, or fraudulent statement or representation; or
- (c) Make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government.

### APPLICANT SIGNATURE

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Applicant's Signature

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Co-Applicant's (if any) Signature

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(Print Applicant Name)

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(Print Co-Applicant (if any) Name)