|  |  |
| --- | --- |
| I:\SHARE\CPU\MaineHousing Standards\Logos\jpg hi-res logos\MSHAlogo5265 DarkBlue.jpg |  |

**HEAP Weatherization (HEAP WX)**

**Work Plan Template – FFY 2018 Obligation**

Pursuant to the Program Guidance, submission of a Work Plan is required. The Work Plan should summarize each agency’s policies and procedures for delivering HEAP WX and describe how the agency will meet the major program requirements. The following is a list (not exhaustive) of topics that should be covered in the proposed Work Plan. Work Plans that do not adequately address these topics will be returned for revisions. Until such time as the Work Plan and Budget are approved, work cannot commence using FFY 2018 HEAP WX funds.

|  |
| --- |
| Please submit your agency’s work plan to weatherization@mainehousing.org. |

|  |
| --- |
| 1. **Community Action Agency (name):**
 |
|  |

|  |
| --- |
| 1. **Production Schedule: Projected number of units to be completed and billed each month under HEAP WX FFY 2018:**
 |
|  | **Units** |  | **Units** |  | **Units** |
| **Dec 2018** |  | **June 2019** |  | **Dec 2019** |  |
| **Jan 2019** |  | **July 2019** |  | **Jan 2020** |  |
| **Feb 2019** |  | **Aug 2019** |  | **Feb 2020** |  |
| **Mar 2019** |  | **Sept 2019** |  | **Mar 2020** |  |
| **Apr 2019** |  | **Oct 2019** |  |  |  |
| **May 2019** |  | **Nov 2019** |  |  |  |

|  |
| --- |
| 1. **Priorities for Weatherization and Wait List Policies: Describe how the agency will prioritize households following the established eligibility criteria and priority classifications.**
 |
|  |

|  |
| --- |
| 1. **Provide samples of contracts the agency uses for WAP. *(Attachment A)***
 |

|  |
| --- |
| 1. **Names of Energy Auditors and Inspectors and their relevant experience in and certifications for weatherization activities. *(Attachment B)***
 |

|  |
| --- |
| 1. **Describe the agency’s delivery methods of service *(e.g. crews, contractors, combination of both).* If using contractors, please provide the names of the contractors anticipated to be used.**
 |
|  |

|  |
| --- |
| 1. **Describe geographic considerations, transportation, etc. that impact the agency’s delivery of HEAP WX services.**
 |
|  |

|  |
| --- |
| 1. **Describe all significant changes in policies, procedures and new initiatives. Provide copies of policy and procedure changes. *(Attachment C)***
 |
|  |

|  |
| --- |
| 1. **Describe all efforts to leverage other non-federal resources anticipated to be used in weatherization.**
 |
|  |

|  |
| --- |
| 1. **Provide documentation to validate POI coverage. *(Attachment D)***
 |

|  |
| --- |
| 1. **EPA Lead Renovation, Repair and Painting Rule (RRP): Explain how the agency will ensure staff and/or contractor compliance with these regulations. *(Attach copies of Certifications – Attachment E)***
 |
|  |

|  |
| --- |
| 1. **Provide manufacturers’ spec sheets for your agency’s standard appliance offering. *(Attachment F)***
 |
|  |

|  |
| --- |
| 1. **Describe your agency’s procurement process for the purchase and installation of appliances.**
 |
|  |

|  |
| --- |
| 1. **Describe the criteria your agency will use to determine an appliance is nearing or at the end of its useful life.**
 |
|  |

|  |
| --- |
| 1. **Other information relevant to the administration and delivery of HEAP. Attach documents as needed. *(Attachment G)***
 |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by (Print):** |  | **Signature:** |  |
| **Date Completed:** |  | **Date Submitted:** |  |

**MaineHousing Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed by (Print):** |  | **Signature:** |  |
| **Date Approved:** |  | **Confirm Sent:** |  |