

**FY2015 LIHEAP AGREEMENT**

**ATTACHMENT I**

**ATTACHMENT J**

**ATTACHMENT K**

**ATTACHMENT L**

**Page numbers on the LIHEAP AGREEMENT  
ATTACHMENTS are not in sequence with the  
LIHEAP AGREEMENT per DEO's numbering**

**And they are not concurrent with the  
board packet page numbers**

**FY2015 LIHEAP AGREEMENT  
ATTACHMENT I  
RECIPIENT INFORMATION**

FEDERAL FISCAL YEAR: 2015 AGREEMENT PERIOD: 1-Apr-15 THRU MARCH 31, 2016

Instructions: Complete the blanks highlighted in yellow. For item III, put an "X" in whichever highlighted box applies to your agency.

I. RECIPIENT: Capital Area Community Action Agency, Inc. AGREEMENT #: 15EA-0F-12-00-04-005

II. Agreement Amount: \$1,863,797.00 Total Direct Client Assistance: \$1,449,685.00

III. RECIPIENT CATEGORY:  Non-Profit  Local Government  State Agency

IV. COUNTY(IES) TO BE SERVED WITH THESE FUNDS:

<u>Calhoun</u>	<u>Jefferson</u>	
<u>Franklin</u>	<u>Leon</u>	
<u>Gadsden</u>	<u>Liberty</u>	
<u>Gulf</u>	<u>Wakulla</u>	

**V. GENERAL ADMINISTRATIVE INFORMATION**

a. Recipient County Location: Leon

b. Executive Director or Chief Administrator: Tim Center

Address: 309 Office Plaza Drive City: Tallahassee, FL Zipcode: 32301  
 Telephone: (850) 222-2043 Fax: (850) 942-2090  
 Cell: \_\_\_\_\_ Email: tim.center@cacaainc.org

*Mailing address if different from above*  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, FL Zipcode: \_\_\_\_\_

c. Chief Elected Official for Local Governments or President/Chair of the Board for Nonprofits:

Name: Roger Newsome Title: Board Chairman  
 Address\*: 3701 Lifford Circle City: Tallahassee, FL Zipcode: 32301  
 Telephone: (850) 728-5813 Fax: \_\_\_\_\_ Email: jnewsome@gmail.com

*\*Enter home or business address, telephone numbers and email other than the Recipient's*

d. Official to Receive State Warrant:

Name: Tim Center Title: Executive Director  
 Address: 309 Office Plaza Drive City: Tallahassee, FL Zipcode: 32301

e. Recipient Contacts

1. Program: Name: Cynthia Valencic Title: Family Support Services Director  
 Address: 309 Office Plaza Drive City: Tallahassee, FL Zipcode: 32301  
 Telephone: (850) 222-2043 Fax: (850) 942-2090  
 Cell: \_\_\_\_\_ Email: cynthia.valencic@cacaainc.org

2. Fiscal: Name: Keith Dean Title: Chief Financial Officer  
 Address: 309 Office Plaza Drive City: Tallahassee, FL Zipcode: 32301  
 Telephone: (850) 222-2043 Fax: (850) 942-2090  
 Cell: \_\_\_\_\_ Email: keith.dean@cacaainc.org

f. Person(s) authorized to sign reports:

Name: Tim Center Title: Executive Director  
 Name: Roger Newsome Title: Board Chairman  
 Name: Nina Self Title: Chief Operating Officer

g. Recipient's FEID Number: 59-1117362 h. Recipient's DUNS Number: 803636950

V. RECIPIENT FISCAL YEAR: October thru September

**FY 2015 LIHEAP AGREEMENT  
ATTACHMENT J  
BUDGET SUMMARY, WORKPLAN AND DELIVERABLES**

RECIPIENT: Capital Area Community Action Agency, Inc. AGREEMENT #: 15EA-0F-12-00-04-005

Instructions: Enter the appropriate figures in the boxes highlighted in yellow. Use only whole dollar amounts; no cents.

**SECTION I: Budget Summary**

LIHEAP FUNDS ONLY		BUDGETED AMOUNT
1	LIHEAP FUNDS	1,863,797.00
<b>ADMINISTRATIVE EXPENSES</b>		
2	Salaries including Fringe, Rent, Utilities, Travel, Other (Total cannot exceed 8.5% of Line 1; round down if needed.) * <i>Maximum Administrative Expense:</i> <b>\$158,422.75</b>	158,298.00
<b>OUTREACH EXPENSES</b>		
3	Salaries including Fringe, Rent, Utilities, Travel, Other (Total cannot exceed 15% of the difference between Line 1 & Line 2 (Line 1 minus Line 2 times .15; round down if needed) * <i>Maximum Outreach Expense:</i> <b>\$255,824.85</b>	255,814.00
<b>DIRECT CLIENT ASSISTANCE</b>		
4	Home Energy Assistance (Must be at least 25% of Line 1; round up if needed) <i>25% Minimum Calculation:</i> <b>\$465,949.25</b>	538,645.00
5	Crisis Assistance	873,764.00
6	Weather Related / Supply Shortage / Disaster (Must be at least 2% of line 1; round up if needed) <i>2% Minimum Calculation:</i> <b>\$37,275.94</b>	37,276.00
7	TOTAL DIRECT CLIENT ASSISTANCE (Lines 4 + 5 + 6)	1,449,685.00
8	<b>GRAND TOTAL ALL EXPENSES (Lines 2 + 3 + 7)</b>	<b>1,863,797.00</b>

**SECTION II: Workplan and Deliverables**

Type of Assistance	Estimated # of Benefits to be Provided	Estimated Cost Per Benefit	Estimated Expenditures ** (Est # x Est \$)
Summer Home Energy	898	300.00	269,400.00
Winter Home Energy	898	300.00	269,400.00
Summer Crisis	1,248	350.00	436,800.00
Winter Crisis	1,248	350.00	436,800.00
Weather Related/Supply Shortage	106	350.00	37,100.00
<b>TOTAL</b>	<b>4,398</b>		<b>1,449,500.00</b>

\* If less than 8.5% of Line 1 is budgeted for Administrative Expenses, the Recipient may increase the Outreach Expenses. The total Administrative Expenses plus the total Outreach Expenses may not exceed the sum of the original maximum allowed for each of these line items.

Total of Line 2 plus Line 3 may not exceed:	\$414,247.60	Line 2 + Line 3 =	\$414,112.00
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\*\* Estimated Expenditures given in the Assistance Plan must agree with the corresponding values on Lines 4-7.

ATTACHMENT K  
 ADMINISTRATIVE AND OUTREACH EXPENSE BUDGET DETAIL (Lines 2-3)

Recipient: Capital Area Community Action Agency, Inc. 15EA-0F-12-00-04-005

Instructions: On the form below, enter the detail of the figures listed on the Budget Summary. If more space is needed, copy this form to another tab and name the new tabs "Budget Detail 1", "Budget Detail 2", etc.

Line Item Number	Expenditure Detail (Round all line items to dollars. Do not use cents and decimals in totals. Totals must agree with Attachment J)	LIHEAP FUNDS
<b>2</b>	<b>ADMINISTRATIVE EXPENSES</b>	
	1. Administrative Salaries and Wages	81,031
	2. Fringe Benefits Rate of 28.48%	23,077
	3. In-Direct Cost Rate of 17.2% of Salaries, Wages, Fringe	49,190
	4. Audit Expenses	5,000
	<b>Total Administrative Expenses</b>	<b>158,298</b>
<b>3 (A)</b>	<b>OUTREACH EXPENSES (SALARIES)</b> Salaries: \$141,564 Fringe: \$40,317	<b>181,881</b>
	(See attached list for Personnel Allocation Detail)	
<b>3 (B)</b>	<b>OUTREACH EXPENSES (OTHER)</b>	
	1. Advertising (staff recruitment, outreach materials, publicatio	816
	2. Building Repair/Maintenance 166.67/mo. X 12	2,000
	3. Communications (Telephone, Internet) 625.00/mo. X 12	7,500
	4. Copying/Printing 341.67/mo. X 12	4,100
	5. Dues and Subscriptions (Notary Public, *NCAF, *CAP)	1,000
	6. General Insurance (Includes Liability Insurance)	2,000
	7. Licenses and Fees (Occupational Licenses)	500
	8. Office Supplies (Pens, Paper, File Folders, Staples) 300.00/mo. X 12	3,600
	9. Postage 166.67/mo. X 12	2,000
	10. Professional Contractual Services (i.e., Needs Assessment Update, cmTools (client tracking data base)	2,317
	<b>EQUIPMENT</b>	
	1. Equipment Leases (Copiers) 300.00/mo. X 12	3,600
	2. Equipment Repair/Maintenance (Computers, Copiers) 291.67/mo. X 12	3,500
	3. Expendable Equipment (Computer replacement, other small office machines) 333.34/mo. X 12	4,000
	<b>RENT</b>	
	1. Franklin 66.67/mo. X 12	800
	2. Gadsden 400.00/mo. X 12	4,800
	3. Gulf 275.00/mo X 12	3,300
	4. Jefferson 291.67/mo. X 12	3,500
	5. Leon 741.67/mo. X 12	8,900
	6. Wakulla 225.00/mo. X 12	2,700
	7. Storage for LIHEAP Files 83.34/mo. X 12	1,000
	<b>UTILITIES</b> Four (4) Facilities @ 500/mo. X 12	6,000
	<b>TRAVEL</b>	
	1. Local Approx. 561 miles/mo. @ .445/mile x 12 months	3,000
	2. Out of Town Two staff to attend *FACA Training Conference 1,000/person X 2 for Airfare, Per Diem, Hotel, Meals	2,000
	3. Registration Fees Conferences, Workshops/Trainings. 500.00/person X 2	1,000
	<b>TOTAL OUTREACH EXPENSES</b>	<b>255,814</b>

\*CAP: Community Action Program  
 \*FACA: Florida Association for Community Action, Inc.  
 \*NCAF: National Community Action Foundation

Capital Area Community Action Agency  
 Family Services Cost Allocation Table  
 Budget Year 2014 - 2015

A	B	C	D	E	F	G	H	P	Q	R	S	T	V
Dist Code	Last Name	First, MI Name	Class	Title	Hourly Rate	Hours	Annual Salary		LIHEAP Allocation %	Allocation \$	Fringe	IDC	
4	<b>ADMINISTRATION - 100</b>												
5	805	Mathis	III	Data Entry Operator	\$ 12.19	2,080	\$ 25,355.20		80.00%	\$ 20,284.16	\$ 5,776.93	\$ 4,482.51	
6	802	McDuffie	X	PROGRAM MANAGER	\$ 20.30	2,080	\$ 42,224.00		65.00%	\$ 27,445.60	\$ 7,816.51	\$ 6,065.08	
7	803	Lawrence	X	PROGRAM MANAGER	\$ 20.00	2,080	\$ 41,600.00		3.50%	\$ 1,456.00	\$ 414.67	\$ 321.76	
8	801	Valencic	XII	FAMILY Sup Serv Dir	\$ 30.62	2,080	\$ 63,689.60		50.00%	\$ 31,844.80	\$ 9,069.40	\$ 7,037.24	
9				<b>SUBTOTAL</b>						<b>\$ 81,030.56</b>	<b>\$ 23,077.50</b>	<b>\$ 17,906.59</b>	
10										<b>\$ 104,108.06</b>			
11										<b>\$ 153,298.17</b>			
12	<b>PROGRAM - 000</b>												
13	806	Bridges	II	INTAKE WORKER	\$ 10.00	2,080	\$ 20,800.00		80.00%	\$ 16,640.00	\$ 4,739.07	\$ 3,677.20	
14	810	Frazier	II	INTAKE WORKER	\$ 10.00	2,080	\$ 20,800.00		80.00%	\$ 16,640.00	\$ 4,739.07	\$ 3,677.20	
15	811	Hall	V	Family Services Case Mgr	\$ 13.00	2,080	\$ 27,040.00		40.00%	\$ 10,816.00	\$ 3,080.40	\$ 2,390.18	
16	840	Hamlet	IX	WX COORDINATOR	\$ 16.03	2,080	\$ 33,342.40		0.00%	\$ -			
17	912		IX		\$ 20.19		\$ -		0.00%	\$ -			
18	805	Mathis	III	Data Entry Operator	\$ 12.19	2,080	\$ 25,355.20		0.00%	\$ -			
19	802	McDuffie	X	PROGRAM MANAGER	\$ 20.30	2,080	\$ 42,224.00		15.00%	\$ 6,333.60	\$ 1,803.81	\$ 1,399.63	
20	804	Mutch	X	WX Program Manager	\$ 18.75	2,080	\$ 39,000.00		0.00%	\$ -			
21	816	Nixon	II	INTAKE WORKER	\$ 10.00	2,080	\$ 20,800.00		80.00%	\$ 16,640.00	\$ 4,739.07	\$ 3,677.20	
22	813	Carroll	V	Family Services Case Mgr	\$ 12.50	2,080	\$ 26,000.00		50.00%	\$ 13,000.00	\$ 3,702.40	\$ 2,872.81	
23	848	Quince	V	Family Services Case Mgr	\$ 14.00	2,080	\$ 29,120.00		0.00%	\$ -			
24		New	V	Family Services Case Manager	\$ 12.00	2,080	\$ 24,960.00		20.00%	\$ 4,992.00	\$ 1,421.72	\$ 1,103.16	

Capital Area Community Action Agency  
 Family Services Cost Allocation Table  
 Budget Year 2014 - 2015

A	B	C	D	E	F	G	H	P	Q	R	S	T	V
Dist Code	Last Name	First, MI Name	Class	Title	Hourly Rate	Hours	Annual Salary		LIHEAP Allocation %	Allocation \$	Fringe	IDC	
25	Sims	Derek	V	Family Services Case Migr	\$ 12.00	2,080	\$ 24,960.00		40.00%	\$ 9,984.00	\$ 2,843.44	\$ 2,206.32	
26	Smith	Linda G.	II	INTAKE WORKER	\$ 10.00	2,080	\$ 20,800.00		80.00%	\$ 16,640.00	\$ 4,739.07	\$ 3,677.20	
27	Jones	Sylviovia	V	Family Services Case Migr	\$ 12.00	2,080	\$ 24,960.00		40.00%	\$ 9,984.00	\$ 2,843.44	\$ 2,206.32	
28	Lawrence	Susan	X	PROGRAM MANAGER	\$ 20.00	2,080	\$ 41,600.00		6.50%	\$ 2,704.00	\$ 770.10	\$ 597.55	
29	Valencic	Cynthia	XII	Family Sup Serv Dir	\$ 30.62	2,080	\$ 63,689.60		0.00%	\$ -	\$ -	\$ -	
30	New	Leon	V	Family Services Case Migr	\$ 12.00	2,080	\$ 24,960.00		0.00%	\$ -	\$ -	\$ -	
31	New	Gadsden	II	INTAKE WORKER	\$ 10.00	1,040	\$ -		90.00%	\$ -	\$ -	\$ -	
32	Ford	Shanise	II	INTAKE WORKER	\$ 10.00	1,910	\$ 19,100.00		90.00%	\$ 17,190.00	\$ 4,895.71	\$ 3,798.74	
33	Watson	Melissa M.	VIII	G/AProgram Coordinator	\$ 14.69	2,080	\$ 30,555.20		0.00%	\$ -	\$ -	\$ -	
34													
35													
36	Hall	Peggy S.	V	Family Services Case Migr	\$ 13.00	2,080	\$ 27,040.00		0.00%	\$ -	\$ -	\$ -	
37	Carroll	Pat	V	Family Services Case Migr	\$ 12.50	2,080	\$ 26,000.00		0.00%	\$ -	\$ -	\$ -	
38	Quince	La Sharn K.	V	Family Services Case Migr	\$ 14.00	2,080	\$ 29,120.00		0.00%	\$ -	\$ -	\$ -	
39	Sims	Derek	V	Family Services Case Migr	\$ 12.00	2,080	\$ 24,960.00			\$ -	\$ -	\$ -	
40	Jones	Sylviovia	V	Family Services Case Migr	\$ 12.00	2,080	\$ 24,960.00		0.00%	\$ -	\$ -	\$ -	
41	New	Jefferson	V	Family Services Case Migr	\$ 12.00	2,080	\$ 24,960.00		0.00%	\$ -	\$ -	\$ -	
42	New	Leon	V	Family Services Case Migr	\$ 12.00	2,080	\$ 24,960.00		0.00%	\$ -	\$ -	\$ -	
43	Watson	Melissa M.	VIII	Program Coordinator	\$ 14.69	2,080	\$ 30,555.20		0.00%	\$ -	\$ -	\$ -	
44				<b>SUBTOTAL (000 + 300)</b>						<b>\$ 141,563.60</b>	<b>\$ 40,317.31</b>	<b>\$ 31,283.52</b>	
45				<b>GRAND TOTAL</b>						<b>\$ 222,594.16</b>	<b>\$ 63,394.82</b>	<b>\$ 49,190.10</b>	

**FY 2015 LIHEAP AGREEMENT**

**ATTACHMENT L  
MULTI-COUNTY FUND DISTRIBUTION**

**Recipient:** Capital Area Community Action Agency, Inc.

**Agreement #:** 15EA-0F-12-00-04-005

Number of Counties to be Served with this agreement: 8

If the Recipient will serve more than one county with this agreement, complete the form below. Describe how you will equitably allocate LIHEAP resources to each of the counties you serve. This plan must be in part based on the 150% poverty population of each county.

Instructions: Enter appropriate data only in the cells below that are highlighted in yellow. Percentages will automatically populate when the total direct client assistance amount and all three columns for each county are filled in.

Poverty Population Data Source: Provide the U. S. Census data source for the 150% of poverty population used including the year of the data. If any other data or factors are used in allocating the funds, describe and give the source.	
<b>Data Source and Description:</b>	Based on the U.S. Census Bureau Poverty Status in the past twelve months, 2009-2013 American Community Survey 5-Year Estimates.

COUNTY	150% POVERTY POPULATION*	COUNTY'S % OF POVERTY POPULATION IN SERVICE AREA	TOTAL DIRECT CLIENT ASSISTANCE*	% OF AGENCY'S DIRECT CLIENT ASSISTANCE DOLLARS ALLOCATED TO THIS COUNTY
			COUNTY ALLOCATION	
CALHOUN	5,216	4%	58,871.37	4.1%
FRANKLIN	2,654	2%	29,954.87	2.1%
GADSDEN	21,259	17%	239,943.74	16.6%
GULF	4,110	3%	46,388.29	3.2%
JEFFERSON	4,166	3%	47,020.35	3.2%
LEON	82,463	64%	930,734.29	64.2%
LIBERTY	2,767	2%	31,230.27	2.2%
WAKULLA	5,807	5%	\$65,541.81	4.5%
	0	0%	\$0.00	
	0	0%	\$0.00	
<b>Total Budgeted Direct Client Assistance*</b>	128,442	100%	1,449,685.00	100.0%

\* Allocation must be equal to Attachment J, Line 7.

FY 2015 LIHEAP AGREEMENT

ATTACHMENT M  
JUSTIFICATION OF ADVANCE PAYMENT

RECIPIENT: Capital Area Community Action Agency, Inc.

AGREEMENT #: 15EA-0F-12-00-04-005

Any advance payment under this Agreement is subject to s. 216.181 (16)(a)(b), Florida Statutes and Paragraph (18) of this Agreement. *The Recipient shall invest cash advances in compliance with section 200.449 of the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and Attachment B, Section C of this Agreement.* Check the applicable box below (check only one).

NO ADVANCE REQUESTED

No advance payment is being requested. Payment will be made solely on a reimbursement basis. No additional information is required.

ADVANCE REQUESTED

Advance payment of \$ 188,454.36 is requested. Balance of payments will be made on a reimbursement basis. These funds are needed to pay staff, award benefits to clients, duplicate forms and purchase start-up supplies and equipment. We would not be able to operate the program without this advance.

**ADVANCE REQUEST WORKSHEET**

If an advance is requested, complete the following worksheet by filling in the cells highlighted in yellow.

	DESCRIPTION	(A) FY 2012	(B) FY 2013	(C) FY 2014	(D) Total
1	TOTAL ALLOCATION (Includes any base increases and carryforward dollars)	2,370,820.00	2,202,690.00	2,110,389.00	6,683,899.00
2	FIRST TWO MONTHS OF EXPENDITURES	300,676.00	262,194.27	112,959.72	675,829.99
3	AVERAGE PERCENT EXPENDED IN FIRST TWO MONTHS (Divide line 2 by line 1)	12.7%	11.9%	5.4%	10.1%

<sup>1</sup> The expenses for the first two months in which expenditures were reported need to be provided for the years you received a LIHEAP agreement. If you do not have this information, call your grant manager and they will assist you.

The Recipient may request an amount up to the historical percent of expenditures for the first 2 months of the agreement OR 17% of the award, whichever is less.\*

HISTORICAL PERCENT FOR FIRST 2 MONTHS:       $\frac{10.1\%}{\text{Cell D3}} \times \$ \frac{1,863,797.00}{\text{LIHEAP Award}} = \frac{188,454.36}{\text{Historical Advance}}$

17% CALCULATION:       $\frac{1,863,797.00}{\text{LIHEAP Award}} \times \frac{0.17}{\text{Percent of Award}} = \frac{316,845.49}{\text{Maximum Advance}}$



**FY 2015 LIHEAP AGREEMENT**

**ATTACHMENT L  
MULTI-COUNTY FUND DISTRIBUTION**

**Recipient:** Capital Area Community Action Agency, Inc.

**Agreement #:** 15EA-0F-12-00-04-005

Number of Counties to be Served with this agreement: 8

If the Recipient will serve more than one county with this agreement, complete the form below. Describe how you will equitably allocate LIHEAP resources to each of the counties you serve. This plan must be in part based on the 150% poverty population of each county.

Instructions: Enter appropriate data only in the cells below that are highlighted in yellow. Percentages will automatically populate when the total direct client assistance amount and all three columns for each county are filled in.

Poverty Population Data Source: Provide the U. S. Census data source for the 150% of poverty population used including the year of the data. If any other data or factors are used in allocating the funds, describe and give the source.	
<b>Data Source and Description:</b>	Based on the U.S. Census Bureau Poverty Status in the past twelve months, 2009-2013 American Community Survey 5-Year Estimates.

COUNTY	150% POVERTY POPULATION**	COUNTY'S % OF POVERTY POPULATION IN SERVICE AREA	TOTAL DIRECT CLIENT ASSISTANCE*	% OF AGENCY'S DIRECT CLIENT ASSISTANCE DOLLARS ALLOCATED TO THIS COUNTY
			COUNTY ALLOCATION	
CALHOUN	5,216	4%	58,871.37	4.1%
FRANKLIN	2,654	2%	29,954.87	2.1%
GADSDEN	21,259	17%	239,943.74	16.6%
GULF	4,110	3%	46,388.29	3.2%
JEFFERSON	4,166	3%	47,020.35	3.2%
LEON	82,463	64%	930,734.29	64.2%
LIBERTY	2,767	2%	31,230.27	2.2%
WAKULLA	5,807	5%	\$65,541.81	4.5%
	0	0%	\$0.00	
	0	0%	\$0.00	
<b>Total Budgeted Direct Client Assistance*</b>	128,442	100%	1,449,685.00	100.0%

\* Allocation must be equal to Attachment J, Line 7.

**FY 2015 LIHEAP AGREEMENT**

**ATTACHMENT M  
JUSTIFICATION OF ADVANCE PAYMENT**

RECIPIENT: Capital Area Community Action Agency, Inc.

AGREEMENT #: 15EA-0F-12-00-04-005

Any advance payment under this Agreement is subject to s. 216.181 (16)(a)(b), Florida Statutes and Paragraph (18) of this Agreement. *The Recipient shall invest cash advances in compliance with section 200.449 of the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and Attachment B, Section C of this Agreement.* Check the applicable box below (check only one).

**NO ADVANCE REQUESTED**

No advance payment is being requested. Payment will be made solely on a reimbursement basis. No additional information is required.

**ADVANCE REQUESTED**

Advance payment of \$ 229,337.37 is requested. Balance of payments will be made on a reimbursement basis. These funds are needed to pay staff, award benefits to clients, duplicate forms and purchase start-up supplies and equipment. We would not be able to operate the program without this advance.

**ADVANCE REQUEST WORKSHEET**

If an advance is requested, complete the following worksheet by filling in the cells highlighted in yellow.

	DESCRIPTION	(A) FY 2012	(B) FY 2013	(C) FY 2014	(D) Total
1	TOTAL ALLOCATION (Includes any base increases and carryforward dollars)	2,370,820.00	2,202,690.00	2,110,389.00	6,683,899.00
2	FIRST TWO MONTHS OF EXPENDITURES	300,676.00	262,194.27	259,573.29	822,443.56
3	AVERAGE PERCENT EXPENDED IN FIRST TWO MONTHS (Divide line 2 by line 1)	12.7%	11.9%	12.3%	12.3%

<sup>1</sup> The expenses for the first two months in which expenditures were reported need to be provided for the years you received a LIHEAP agreement. If you do not have this information, call your grant manager and they will assist you.

The Recipient may request an amount up to the historical percent of expenditures for the first 2 months of the agreement OR 17% of the award, whichever is less.\*

**HISTORICAL PERCENT FOR FIRST 2 MONTHS:**

$$\frac{12.3\%}{\text{Cell D3}} \times \$ \frac{1,863,797.00}{\text{LIHEAP Award}} = \frac{229,337.37}{\text{Historical Advance}}$$

**17% CALCULATION:**

$$\frac{1,863,797.00}{\text{LIHEAP Award}} \times \frac{0.17}{\text{Percent of Award}} = \frac{316,845.49}{\text{Maximum Advance}}$$