



<<Service Provider Name>>

FFY2011 EAP Local Plan

Minnesota Department of Commerce Office of Energy Assistance Programs

Background

The Minnesota Department of Commerce (DOC) contracts with local Service Providers to deliver EAP services. The *EAP Local Plan* establishes the expectations between the Service Provider and DOC. The *Local Plan* outlines the Service Provider's approach to deliver EAP within the intention, direction and guidance of the statewide program. DOC uses the *Local Plan* to:

- Determine and select competent Service Providers
- Monitor and evaluate performance
- Build the competency of the Service Providers

The *Energy Assistance Program FFY2011 Local Plan* is designed to advance EAP management effectiveness, efficiency and fiscal practices. The structure and content is driven by EAP continuous improvement efforts and by the Office of the Legislative Auditor (OLA) requiring government to ensure an effective internal control system to enable prudent management of public funds.

The *Local Plan* documents the Service Provider's internal control maturity for assessment and assurance. EAP's ability to meet its intended objectives requires the competency of local Service Providers. EAP determines and measures Service Provider competency by looking at the organizational leadership and professionalism, how well it identifies and manages risks, whether it designs and implements its control procedures and activities, and how it monitors the performance and effectiveness of the procedures and activities.

The EAP Internal Controls Framework defines internal control as a process, affected by individuals within an organization, designed to provide reasonable assurance for the achievement of objectives in three categories:

1. Effectiveness and efficiency of operations
2. Reliability of financial reporting, and
3. Compliance with applicable laws & regulations

EAP Internal Controls Framework is comprised of five interrelated components supporting the three above categories. The components focus on attaining strategic objectives and safeguarding assets against loss or unauthorized use.

1. **Control Environment** relates to management and employees establishing & maintaining an environment throughout the organization that sets a positive and supportive attitude toward internal control and conscientious management.
2. **Risk Assessment** is the management of risk by identifying priority activities within the organization for risk assessment. Risks are areas outside of the normal control activities that cannot be covered by normal operations.
3. **Control Activities** relates to the Service Provider's design and implement of the internal control policies and other control activities as appropriate to processing applications, determining eligibility and delivering benefits. These control activities include program delivery controls and fiscal controls.
4. **Information & Communication** relates to communicating the internal control policies and procedures to all staff and stakeholders so they understand what is expected of them and the scope of their freedom to act in relation to program participants and partners.
5. **Monitoring** relates to separate evaluations of internal control, such as self-assessments or evaluations of internal procedures and performance.

Instructions: Complete the *EAP Local Plan* to demonstrate the agency's commitment and competency to provide EAP services in compliance with EAP policies and procedures as stated in the *State Plan* and *EAP Policy Manual*. **For Risk Assessment**, follow the instruction attached to your *Local Plan* that contains explanations and examples to complete **part 2.1 Risk Analysis**.

1. Control Environment

relates to management and employees establishing and maintaining an environment throughout the organization that sets a positive and supportive attitude toward internal control and conscientious management.

1.1. Service Provider

1.1.1. Service Provider Information

Agency Legal Name:				EAP SP No.	
Agency Address					
City:				Zip:	
Agency Phone (include area code and extensions):					
Agency Fax:			Toll Free Phone:		
Agency Web Site:			Congressional District(s):		
Legislative District(s):					
Federal ID Number:			State Tax ID:		

1.1.2. EAP Information

EAP Mail Address (if different):			
EAP Street Address			
City:			Zip:
EAP Phone with area code:		EAP Toll Free:	
EAP Fax with area code:		EAP Toll Free Fax:	
EAP Counties/Area Served:			

1.1.3. Service Provider Primary EAP Contacts (include extension with phone numbers)

Executive Director			
Phone with area code:		E-mail:	
Board or Tribal Chair:			
Phone with area code:		E-mail:	
Fiscal Director:			
Phone with area code:		E-mail:	
EAP Coordinator:			
Phone with area code:		E-mail:	

1.1.3. Service Provider Primary EAP Contacts (include extension with phone numbers)

MIS/Technology Director:			
Phone with area code:		E-mail:	
ERR Coordinator:			
Phone with area code:		E-mail:	
Weatherization Coordinator:			
Wx Coordinator's Agency (if different):			
Wx Coordinator's Phone:		E-mail:	
Wx Coordinator's Toll Free:			
EAP Security Administrator:			
Phone with area code:		E-mail:	

1.1.4. Service Provider EAP Personnel (add rows to fit the number of EAP personnel)

Name	Title/Position	Qualification	Status	%FTE	Remark
1.Jim A. Smith	Exec. Director	BSc-Management	PT	20%	Directs the EAP
2.John F. Carlos	EAP Coordinator	BSc-Accountant	FTE	100%	Coordinates the EAP
3.					
4.					
5.					
6.Etc...					

Note:--FTE=Full-Time Employee, PTE=Part-Time Employee, FTS=Fulltime Seasonal, PT= Part Time, PTS= Part-Time Seasonal, OEP= Other EAP Paid, V=Volunteer

1.2. Service Provider EAP Organizational Competence

1.2.1. Environment: State the SP's mission and describe how the SP maintains an environment that promotes the EAP mission including promoting shared ethical values and integrity; and describe how the shared ethical values and mission are established, communicated, and practiced?

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1.2.2. Structure of Authority: Describe the SP's structure of authority, responsibility, and accountability so appropriate EAP personnel make proper decisions and take necessary actions.

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1.2.3. Commitment to EAP: Explain how SP Management demonstrates its commitment and competency to achieve EAP objectives by keeping updated position descriptions, hiring qualified individuals for positions, and providing employees with the training and tools necessary to accomplish their assigned job duties.

1.2.4. Program Evaluation: Describe how the SP Management demonstrates periodic evaluating of EAP employee's performance including:

- SP human resource practices and materials
- EAP staff functional position description
- EAP staff have proper knowledge of their agency programs
- EAP staff eHEAT proficiency and competencies
- EAP staff knowledge of SP policies and procedures
- EAP formal training and new staff training

1.2.5. Working with diverse population: Does your agency serve a diverse population? When did energy programs staff, particularly those interacting with the public in person or by telephone, have training in working with the following populations? Include planned training.

Population	Does SP Serve?		EAP Staff Training		Description
	Yes	No	Date	# Hrs	
People with little or no English	<input type="checkbox"/>	<input type="checkbox"/>			
Hearing or speech impaired persons	<input type="checkbox"/>	<input type="checkbox"/>			
Developmentally disabled or mentally ill persons	<input type="checkbox"/>	<input type="checkbox"/>			
Multi cultural	<input type="checkbox"/>	<input type="checkbox"/>			

1.2.6. FFY 2010 EAP Monitoring Report

1.2.6.1. List findings from the FFY 2010 Monitoring Report

1.2.6.2. Describe how your agency corrected FFY2010 findings and how the findings will affect the agency's performance approach in FFY2011.

2. Risk Assessment is the agency's management of risk by identifying priority activities within the organization for risk assessment, considering areas materially impacting the financial position and results of operations and program (e.g., assets, liabilities, revenues, expenses or expenditures account balances that are material in dollar amount)

2.1. Risk Management: Identify, analyze, and manage business risks influencing EAP's ability to maintain financial strength, a positive public image, and the overall quality of its products and government services. (Refer to the **examples in the instructions attached with your Local Plan** to complete this part.

Internal Risks Analysis

#	Risk Occurrence	Result of Occurrence	Probability of Occurrence	Severity of Impact	Response	Indicators
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.	Etc...					

External Risks Analysis

#	Risk Occurrence	Result of Occurrence	Probability of Occurrence	Severity of Impact	Response	Indicators
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.	Etc...					

2.2. Incidents: Describe SP procedures to handle incidents of appeal, complaint, error & fraud.

2.3. Disaster (Uncontrolled Circumstances) Planning

2.3.1. Community Disaster: Does your agency have a Disaster Plan or access to a Community Disaster Plan? If you have access to a Community Disaster Plan, does the agency participate in the emergency response and services? Explain.

2.3.2. Service Provider Disaster Plan: Describe procedures in place to continue EAP local services in case of loss of building facilities and/or equipment due to uncontrolled circumstances like fire, theft, flood, natural disaster, etc.

3. Control Activities relate to the SP's specific design and implementation of the internal control policies and other control activities as appropriate to processing applications, determining eligibility and delivering benefits.

3.1. Control Activities – Program relates to the design and implementation of the internal control policies and other control activities as appropriate to processing household requests, applications and benefit transactions, reporting and oversight.

3.1.1. EAP Application processing system: Describe how EAP program assistance and services provided to households are timely and accurately executed.

Responses should address the following areas:

- Use of tools and resources (i.e. worksheets, eHEAT, etc) of the program as intended
- Logging applications upon arrival to Service Provider
- Process for requesting vendor consumption to assure timely services
- Method of requesting additional information from applicants
- Approach to managing various program demands
- Maintaining records

3.1.2. EAP System Partnerships: Describe how SP maintains EAP system partnerships with:

- Vendors
- Outreach partners
- Fiscal partners
- Referral network
- Other EAP Service Providers
- EACA and other EAP-related associations
- State office

3.1.3. EAP Hours of Operation

Business Days (example: Monday – Friday):			
Time EAP Office Opens:		Time EAP Office Closes:	
Describe how energy assistance is provided to households calling or coming into the SP office during lunch break hours.			
List all days the SP office is closed other than National Holidays.			

3.1.4. Intake Sites: Enter the service area information for each EAP intake/county site other than the main office.

Area Information	Service Area or Intake Sites				
	1	2	3	4	5
Area Name					
Contact Name					
Phone Number with area code					
Fax Number with area code					
E-mail Address					
Days of the week office is open					
Time Office opens for business					
Time Office closes for business					
Months site open, if not full year					
Are Apps & Pre-Apps addressed to the site?					

3.1.5. EAP Duties and Functions: Indicate the number of staff (Full Time and Part Time) assigned to perform each of the following duties and functions. The SP must ensure EAP duties and functions are assigned to staff positions and back-up staff are assigned for continuous administration of EAP at the local level.

The **# of Distinct Staff** refers to the number of staff persons executing a **set of duties and functions**: Applications, Crisis, ERR, Payments/Refunds and A-16. For example, an SP may assign **4 Distinct Staff** persons (3 FT and 1 PT) to perform all the 7 listed duties and functions to process **Applications**.

Applications Duties & Function	# of Staff		# of Back-up		Remarks
	FT	PT	FT	PT	
Date-stamping applications					
Logging applications					
Entering application data					
Review files for correctness					
Determining household income					
Determining eligibility					
Employee applications					
# of Distinct Staff					

Crisis Duties & Function	# of Staff		# of Back-up		Remarks
	FT	PT	FT	PT	
Determine crisis eligibility					
Crisis 24/7 response					
18/48 hr fuel response					
Entering Crisis data in eHEAT					
Obligating funds in eHEAT					
# of Distinct Staff					

ERR Duties & Function	# of Staff		# of Back-up		Remarks
	FT	PT	FT	PT	
Determine ERR eligibility					
Manage the ERR intake and referral process so timeframes are met & complete tracking form					
Verify homeownership					
Tracking and maintaining \$2,000/\$2,500 average					
Assuring local & state procurement procedures are followed					
Entering event data into eHEAT					
Obligating funds in eHEAT					
Making ERR events "Payable", Payment in Progress and "Paid" in eHEAT					
Complete Completion Certificate and Inspection Tool					
Reconciling ERR eHEAT and FSR information					
ERR bid process and contracts					
ERR 24/7 Response					
ERR Inspections					
# of Distinct Staff					

Payments/Refund Duties & Function	# of Staff		# of Back-up		Remarks
	FT	PT	FT	PT	
Processing payments					
Approving crisis payments					
Processing refunds					

Payments/Refund Duties & Function	# of Staff		# of Back-up		Remarks
	FT	PT	FT	PT	
# of Distinct Employees					

Assurance 16 Duties & Function	# of Staff		# of Back-up		Remarks
	FT	PT	FT	PT	
Performing Outreach activities					
Crisis negotiation					
Refer HHD to crisis for EB/EBA					
Recording Assurance 16 activities on eHEAT					
Referring HH's to Outreach worker					
Setting up Reasonable Payment Worksheet					
Verify HHD reasonable payments with vendor					
# of Distinct Employees					

3.1.6. ERR Control: Describe procedures to ensure the average ERR expenditure per ERR household is not exceeded by the end of the program year or when the agency's ERR funds are depleted.

- Describe procedures implemented to ensure timely inspections and timely payments to contractors.

- Describe procedures for accurate and timely entry into eHEAT.

- 3.1.7. **Assurance 16 Service:** Please review and indicate whether your agency will perform each of the Assurance 16 items listed below. (Each item is listed in eHEAT and explained in the *EAP Policy Manual*.)

Outreach Log	Perform Activity?	
	Yes	No
Complete Goals established by the agency	<input type="checkbox"/>	<input type="checkbox"/>
Cross training in service providers	<input type="checkbox"/>	<input type="checkbox"/>
Cross training outside service providers	<input type="checkbox"/>	<input type="checkbox"/>
Make applications available	<input type="checkbox"/>	<input type="checkbox"/>
Build vendor relationship	<input type="checkbox"/>	<input type="checkbox"/>
Provide ESL Application	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Diversity Training	<input type="checkbox"/>	<input type="checkbox"/>
Information Brochure	<input type="checkbox"/>	<input type="checkbox"/>
Cataloging Case History	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service Training	<input type="checkbox"/>	<input type="checkbox"/>
Public Official education	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Referral Log	Perform Activity?	
	Yes	No
Interview Client	<input type="checkbox"/>	<input type="checkbox"/>
Train staff to elicit client needs	<input type="checkbox"/>	<input type="checkbox"/>
Build database of local resources	<input type="checkbox"/>	<input type="checkbox"/>
Familiarize staff of local resources	<input type="checkbox"/>	<input type="checkbox"/>
Provide client with specific referrals	<input type="checkbox"/>	<input type="checkbox"/>
Provide applicants with list of referrals service providers	<input type="checkbox"/>	<input type="checkbox"/>
Familiarize Staff with Government Resource database	<input type="checkbox"/>	<input type="checkbox"/>

Advocacy Log	Perform Activity?	
	Yes	No
Resolve energy crisis	<input type="checkbox"/>	<input type="checkbox"/>
Access Service	<input type="checkbox"/>	<input type="checkbox"/>
Build self sufficiency skills	<input type="checkbox"/>	<input type="checkbox"/>
Stabilize Household situation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

3.2. Control Activities – Fiscal relates to the SP's design and implementation of the internal control policies and other control activities as appropriate to processing fiscal transactions, reporting and oversight. These control activities include:

3.2.1. Service Provider Fiscal Information

SP Fiscal Person		Staff Authorized to request Cash:	
Grantee Fiscal Year Dates:		to	Most Recent Year Audited:
Dates of Last Audit:		Next Audit Date:	
Name of Audit Firm:			
City and State:		Telephone:	
Findings/Recommendations with relevance to EAP:			

3.2.2. Fiscal Transactions: SP is to have generally accepted fiscal practices including authorized personnel having program specific knowledge. Describe fiscal transactions in terms of:

- Proper segregation of duty
- Auditable
- Good communication between program and fiscal staff
- Authorization and approach to EAP weekly allocation process

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3.2.3. Fiscal Budgeting, Allocation and Reporting: Describe how and who will complete the following:

- EAP fiscal reporting (Includes FSR)
- Budget, Allocation & Cash Requests
- NFA and cash requesting
- Annual Budget Allocation
- Closeout Reporting

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3.2.4. Fiscal Reports/Security

Reports/Security	Staff Title/Position	# of Staff	Back-up Title/Position	# of Staff	Remarks
Submitting FSRs					
Submitting Cash Requests					
Submitting Closeout					
Submitting Local Audit Report					
Submitting Leveraging Report					
Responding to appeals					
Investigating possible fraud					
Submitting Incident Reports					
Information security					

4. Communication and Information relates to communicating the internal control policies and procedures to all staff and stakeholders so they understand what is expected of them and the scope of their freedom to act in relation to program participants and partners.

4.1. Phone Service: Describe the use of personal contact and automated answering for client phone calls.

Activity	Describe how calls are answered and redirected	
Calls for information, application or referral	Business hours -	
	Office is closed -	
People with an ERR or no fuel Crisis	Business hours -	
	Office is closed -	
After hour Crisis - Calling Toll Free	Describe -	
Speech or hearing impairments	Business hours -	
	Office is closed -	
Non-English speaking	Business hours -	
	Office is closed -	

4.2. Households' Access to Energy Assistance Applications: Which of the following application techniques will be standard practice in your agency in FFY 2011?

Technique	Perform Activity?		Description
	Yes	No	
Mail applications from office	<input type="checkbox"/>	<input type="checkbox"/>	
Home visits	<input type="checkbox"/>	<input type="checkbox"/>	
Same day appointments	<input type="checkbox"/>	<input type="checkbox"/>	
Appointments in advance	<input type="checkbox"/>	<input type="checkbox"/>	
Scheduled off-site locations	<input type="checkbox"/>	<input type="checkbox"/>	

4.3. Equal Access to Service: How will equal access to EAP information, applications and funds for Primary Heat, Crisis, ERR, ROFW, voter registration and other collaborative services be assured for the four groups listed below:

Accommodation for	Perform Activity?		Description
	Yes	No	

People with little or no English	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing or speech impaired persons	<input type="checkbox"/>	<input type="checkbox"/>	
Developmentally disabled or mentally ill persons	<input type="checkbox"/>	<input type="checkbox"/>	
Multi cultural	<input type="checkbox"/>	<input type="checkbox"/>	

4.4. Outreach: Targeted Populations and Collaboration

4.4.1. Describe outreach activities and partnerships that are successful in reaching targeted populations.

4.4.2. Provide the date of the most recent agency-wide community assessment, and describe how the SP conducted the assessment.

4.4.3. What new outreach activities will be initiated to increase participation by targeted groups in the SP's area?

4.4.4. Briefly describe the SP's areas of priority and strategy to meet the identified needs of the community.

4.4.5. Collaboration: Does the Service Provider have collaborative/cooperative relationships with the following?

Name of Entity/Program	Yes	No	SP Administers?	
			Yes	No
Child Care Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Resource and Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuum of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displaced Homemaker Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Education Programs (non-Child Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Food Programs (food shelf, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weatherization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Programs (schools, Colleges...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Service Collaboratives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Redevelopment Authority (HRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Service Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement/Neighborhood Policing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migrant Seasonal Farm-worker Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surplus Commodity Distribution Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Housing/Homeless Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Rehabilitation Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Force Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Monitoring relates to separate evaluations of internal control, such as control self-assessments or internal procedures and performance.

5.1. Performance Measures and Quality Assurance: How does your agency manage the following activities?

Activity	Description
Monitoring applications for timeliness	
Check applications for accuracy	
Verify accuracy and completeness	
Coordination for after hours emergencies	
Accurate and timely reports to DOC	
What are other performance measures you use?	

5.2. Weekly Application Certification Targets (WACT)

The WACT is a performance guideline for approving applications based on the number of approved applications for FFY 2010. When the WACT expires January 22, 2011, applications **must** be certified and paid within 30 days of receipt of a complete application. The WACT is also used to monitor application processing. (Please refer to the attached FFY 2011 WACT table.)

5.2.1. Did your agency meet or exceed the WACT for FFY 2010? Yes ☐ No ☐

If "No", please explain and include corrective actions implemented.

5.2.2. How will you ensure meeting the 30-day application approval requirement at the end of the WACT period?

5.2.3. Customer Satisfaction Feedback: Describe mechanisms to solicit and collect feedback from EAP households, document complaints and their resolution, and analyze results. What patterns or results show strengths and weaknesses in the delivery of EAP?

Supplements:

A. Agency Policy Documentation: Indicate if the agency has the following local policies in place.

Documents/policies	Yes	No	If No, explanation
Organizational Chart	<input type="checkbox"/>	<input type="checkbox"/>	
Fraud and Abuse Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Data Privacy Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Client Complaints/Appeals Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Complaint Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Rights Policy	<input type="checkbox"/>	<input type="checkbox"/>	
ROFW Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Weatherization Coordination Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Agency Disaster Plan (Internal)	<input type="checkbox"/>	<input type="checkbox"/>	

B. Additional Changes not included above

List any other changes to your agency or LIHEAP program that are not included above, which may affect the program performance or delivery? (Additional staff, additional training, new office processes or procedures, updated equipment or software, etc.)

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C. Acknowledgement and Certification

The grantee acknowledges this Local Plan for FFY 2011 of the LIHEAP FFY 2011 Grant Contract and certifies that the information provided is accurate to the best of their knowledge.

Agency Approval	DOC Approval
Name:	Name: John Harvanko
Title:	Title: Program Director, Energy Assistance Prog.
Signature:	Signature:
Date:	Date:



eHEAT Service Provider Administrator

Security Agreement



Description: This outlines the expectations and responsibilities of the eHEAT Service Provider Administrator. It also serves as an agreement to carry out those responsibilities.

The eHEAT system security allows only authorized users to perform the tasks and processes necessary to deliver Energy and Weatherization Assistance Programs. Administrators authorize users by giving them access to the necessary system function(s).

Background: The security authorization assigns each user one or more roles that parallel employee functions for Energy Assistance and Weatherization program delivery.

The eHEAT system has one central State Security Administrator. The State Security Administrator establishes roles for Department of Commerce users and Service Provider Security Administrators and Energy Vendor Security Administrators.

Roles and Responsibility: The Service Provider Security Administrator is responsible to manage agency users. The Service Provider Security Administrator is authorized to perform the following tasks:

- Creating new users
- Editing existing users
- Resetting password for the users
- Disabling existing users
- Enabling already disabled users
- Creating new roles
- Editing existing roles
- Deleting existing roles
- Assign functions to roles

Terms

- **A user** is the individual who can log on and view or act on eHEAT data.
- **A group** is a named collection of eHEAT users. eHEAT has four groups: DOC, DOC Fiscal, Service Providers, and Vendors.
- **A role** is a named collection of functions in the eHEAT System.
- **A function** is an action or set of actions, such as "View Application" or "Enter Consumption."

eHEAT Service Provider Administrator Security Agreement, page 2

To ensure security the Service Provider Security Administrator agrees to:

- Create users only for individuals authorized to deliver the program.
- Manage Service Provider User Security Agreements and make available to State Staff upon request.
- Follow program data sharing policies and practices so stated:
Minnesota Statutes §216C.266 provides that data collected maintained, or created because an individual applies for energy assistance is private data for the purposes of Minnesota's Data Practices Act (Minn. Stat. §§13.02 et seq.). The collection, storage, use and release of the information shall be limited to that necessary for the administration and management of the program. The information may not be released except as permitted by the State's Data Practice Act.
- Disable users immediately upon termination of role in service delivery.
- Report known or suspected security breaches to State Security Administrator.
- Monitor user roles for appropriate usage.
- Report changes to his or her status to the State Security Administrator.

Service Provider Security Administrator's Printed Name: _____

Service Provider Security Administrator's Agency: _____

Service Provider Security Administrator's Phone: _____

Service Provider Security Administrator's Email: _____

Service Provider Security Administrator's Signature: _____

Date Signed: _____

Effective for Federal Fiscal Year 2011

By signing this you agree to abide by the roles of the Service Provider Security Administrator described above, and the following:
This eHEAT system is the property of the Minnesota Department of Commerce (DOC). Access to this service is for authorized personnel only. Use of this system without authority from DOC, or in excess of authority, may result in disciplinary action, civil and criminal sanctions and other appropriate action. Any activity on this system may be monitored or accessed by DOC or other authorized officials at any time. This includes any data created or stored using this system. All such data is subject to the Minnesota Government Data Practices Act. If you do not have the expressed authorization of the administrator, you may face the consequences of violating Chapter 13 of the Minnesota Statutes and other laws. Further, the State of Minnesota prohibits unauthorized access, disclosure, duplication, modification, diversion, destruction, loss, misuse, or theft of its information in accordance with the Minnesota Statutes Sections 609.87 - 609.891 and other laws.

FFY 2011 WACT Service Providers must ensure completed applications are certified and paid to meet the Weekly Application Certification Targets (WACT) or the 30-day requirement, whichever is in effect. The LIHEAP statute requires applications be acted upon in a reasonable time. The *Weekly Application Certification Targets* (WACT) is used to maintain timely service. The WACT go into effect at the end of the day on October 3, 2010.

SP ID	AGENCY NAME	Total Apps	FFY 2011 Weekly Application Certification Targets (WACT)															
		6/10/10	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov	19-Nov	26-Nov	3-Dec	10-Dec	17-Dec	24-Dec	31-Dec	7-Jan	14-Jan	21-Jan
1	NORTHWEST	1,658	83	166	249	332	415	497	580	630	713	796	879	962	962	1,045	1,127	1,210
2	TRI-VALLEY	1,918	96	192	288	384	480	575	671	729	825	921	1,017	1,112	1,112	1,208	1,304	1,400
3	INTER-COUNTY	1,707	85	171	256	341	427	512	597	649	734	819	905	990	990	1,075	1,161	1,246
4	BI-CAP	4,187	209	419	628	837	1,047	1,256	1,465	1,591	1,800	2,010	2,219	2,428	2,428	2,638	2,847	3,057
5	KOOTASCA	3,679	184	368	552	736	920	1,104	1,288	1,398	1,582	1,766	1,950	2,134	2,134	2,318	2,502	2,686
6	ARROWHEAD	10,534	527	1,053	1,580	2,107	2,634	3,160	3,687	4,003	4,530	5,056	5,583	6,110	6,110	6,636	7,163	7,690
7	LAKES & PINES	8,165	408	817	1,225	1,633	2,041	2,450	2,858	3,103	3,511	3,919	4,327	4,736	4,736	5,144	5,552	5,960
9	OTTERTAIL-WADENA	3,948	197	395	592	790	987	1,184	1,382	1,500	1,698	1,895	2,092	2,290	2,290	2,487	2,685	2,882
10	MAHUBE	3,754	188	375	563	751	939	1,126	1,314	1,427	1,614	1,802	1,990	2,177	2,177	2,365	2,553	2,740
12	WEST CENTRAL	5,944	297	594	892	1,189	1,486	1,783	2,080	2,259	2,556	2,853	3,150	3,448	3,448	3,745	4,042	4,339
13	TRI-CAP	7,700	385	770	1,155	1,540	1,925	2,310	2,695	2,926	3,311	3,696	4,081	4,466	4,466	4,851	5,236	5,621
15	ANOKA	5,639	282	564	846	1,128	1,410	1,692	1,974	2,143	2,425	2,707	2,989	3,271	3,271	3,553	3,835	4,116
16	CAPRWC	21,235	1,062	2,124	3,185	4,247	5,309	6,371	7,432	8,069	9,131	10,193	11,255	12,316	12,316	13,378	14,440	15,502
17	CA OF MPLS	16,651	833	1,665	2,498	3,330	4,163	4,995	5,828	6,327	7,160	7,992	8,825	9,658	9,658	10,490	11,323	12,155
18	S-C-D	7,819	391	782	1,173	1,564	1,955	2,346	2,737	2,971	3,362	3,753	4,144	4,535	4,535	4,926	5,317	5,708
19	HEARTLAND	3,425	171	343	514	685	856	1,028	1,199	1,302	1,473	1,644	1,815	1,987	1,987	2,158	2,329	2,500
20	PRAIRIE 5	2,388	119	239	358	478	597	716	836	907	1,027	1,146	1,266	1,385	1,385	1,504	1,624	1,743
21	WESTERN	2,594	130	259	389	519	649	778	908	986	1,115	1,245	1,375	1,505	1,505	1,634	1,764	1,894
22	SMOC	2,237	112	224	336	447	559	671	783	850	962	1,074	1,186	1,297	1,297	1,409	1,521	1,633
24	MINNESOTA VALLEY	6,887	344	689	1,033	1,377	1,722	2,066	2,410	2,617	2,961	3,306	3,650	3,994	3,994	4,339	4,683	5,028
25	THREE RIVERS	2,742	137	274	411	548	686	823	960	1,042	1,179	1,316	1,453	1,590	1,590	1,727	1,865	2,002
26	SEMCAC	7,401	370	740	1,110	1,480	1,850	2,220	2,590	2,812	3,182	3,552	3,923	4,293	4,293	4,663	5,033	5,403
30	BOIS FORTE	163	8	16	24	33	41	49	57	62	70	78	86	95	95	103	111	119
31	FOND DU LAC	460	23	46	69	92	115	138	161	175	198	221	244	267	267	290	313	336
33	LEECH LAKE	1,111	56	111	167	222	278	333	389	422	478	533	589	644	644	700	755	811
36	MILLE LACS	367	18	37	55	73	92	110	128	139	158	176	195	213	213	231	250	268
39	RED LAKE	1,248	62	125	187	250	312	374	437	474	537	599	661	724	724	786	849	911
41	WHITE EARTH	889	44	89	133	178	222	267	311	338	382	427	471	516	516	560	605	649
44	WRIGHT CO CAP	2,780	139	278	417	556	695	834	973	1,056	1,195	1,334	1,473	1,612	1,612	1,751	1,890	2,029
52	CLEARWATER	595	30	60	89	119	149	179	208	226	256	286	315	345	345	375	405	434
53	LSS	3,563	178	356	534	713	891	1,069	1,247	1,354	1,532	1,710	1,888	2,067	2,067	2,245	2,423	2,601
58	OLMSTED	3,060	153	306	459	612	765	918	1,071	1,163	1,316	1,469	1,622	1,775	1,775	1,928	2,081	2,234
61	RENVILLE	726	36	73	109	145	182	218	254	276	312	348	385	421	421	457	494	530
64	TODD	1,594	80	159	239	319	399	478	558	606	685	765	845	925	925	1,004	1,084	1,164
65	CASH	13,383	669	1,338	2,007	2,677	3,346	4,015	4,684	5,086	5,755	6,424	7,093	7,762	7,762	8,431	9,100	9,770
69	BROWN	994	50	99	149	199	249	298	348	378	427	477	527	577	577	626	676	726
	TOTAL 2010	163,145	8,157	16,315	24,472	32,629	40,786	48,944	57,101	61,995	70,152	78,310	86,467	94,624	94,624	102,781	110,939	119,096