Memorandum

MIAMI-DADE COUNTY

Date: November 4, 2010

Agenda Item No. 8(B)(1)(B)

To: Honorable Chairman Dennis C. Moss
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

Subject: Resolution Authorizing an Agreement for Energy Assistance Between Miami-Dade County and the City of Homestead

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RECOMMENDATION

The Miami-Dade County Community Action Agency Board (CAA Board) recommends that the Board of County Commissioners (BCC) authorize the County Mayor or County Mayor's designee to execute a utility service Agreement, in substantially the form attached, for low-income households with the City of Homestead (City). These services will be provided to City residents through the Community Action Agency (CAA) Low Income Home Energy Assistance Program (LIHEAP). The term of the agreement will be effective upon execution by all parties and will run through March 31, 2015 with two, five-year options to renew at the County's sole discretion. The CAA Board also recommends that the BCC authorize the County Mayor or County Mayor's designee to execute amendments, modifications, cancellation and termination clauses of this agreement upon approval of the County Attorney's Office (CAO) on behalf of Miami-Dade County.

SCOPE

The impact to Miami-Dade County for the provision of these services will benefit low-income households in the City of Homestead.

FISCAL IMPACT/FUNDING SOURCE

There is no fiscal impact to the County for the provision of these services. The program will be funded from federal grants through the Florida Department of Community Affairs, and does not require matching funds from the County. Funding for the first year will not exceed $1.2 million and funding for subsequent years will be based on the funding available from the Department of Community Affairs.

TRACK RECORD/MONITOR

The CAA Self Help Division Director will monitor this agreement.

BACKGROUND

LIHEAP provides assistance to low-income households to assist with paying home energy costs where households experience a crisis. There are three categories of LIHEAP: Regular Home Energy Assistance which constitutes payment of a customer's utility bill not to exceed three hundred dollars ($300) once per year; Crisis Assistance which constitutes payment of a customer's utility bill not to exceed six hundred dollars ($600) if the customer has received a final notice or a notice of disconnection of services; and Weather Related Crisis Assistance which constitutes payment of a customer's utility bill as a result of a declared natural disaster. Assistance is available upon the declaration of a natural disaster or when unusual changes in

seasonal weather cause utility consumption to increase significantly. The State of Florida, Department of Community Affairs provides program guidelines for Weather Related Crisis Assistance such as the funding period for assistance and the maximum amount of assistance.

CAA has operated the LIHEAP since 1992 and has assisted more than 275,500 households during this period.

It is necessary to contract with the City because the City provides utility services directly to its residents and does not receive utility service from Florida Power and Light.

Attachments

Assistant County Manager

MEMORANDUM

(Revised)

TO: Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners

DATE: November 4, 2010

FROM: R. A. Cuevas, Jr. County Attorney

SUBJECT: Agenda Item No. 8(B)(1)(B)

Please note any items checked.

_____ **"3-Day Rule" for committees applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Ordinance creating a new board requires detailed County Manager's report for public hearing**

_____ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous _____) to approve**

_____ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 8(B)(1)(B)
11-4-10

RESOLUTION NO. _____

RESOLUTION AUTHORIZING THE EXECUTION OF AN AGREEMENT FOR ENERGY ASSISTANCE BETWEEN MIAMI-DADE COUNTY AND THE CITY OF HOMESTEAD

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes the County Mayor or County Mayor's designee, to execute an agreement between Miami-Dade County and the City of Homestead for the provision of the Low Income Home Energy Assistance Program (LIHEAP) provided through Miami-Dade County Community Action Agency; and authorizes the County Mayor or County Mayor's designee to execute amendments, modifications, cancellation and termination clauses of this agreement upon approval of the County Attorney's Office on behalf of Miami-Dade County, Florida.

The foregoing resolution was offered by Commissioner , who moved its adoption. The motion was seconded by Commissioner and upon being put to a vote, the vote was as follows:

Dennis C. Moss, Chairman
Jose "Pepe" Diaz, Vice-Chairman

Bruno A. Barreiro	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Barbara J. Jordan	Joe A. Martinez
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 4th day of November, 2010. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By:_____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Terrence A. Smith

Miami-Dade Community Action Agency
City of Homestead
for
Low Income Home Energy Assistance Program

THIS AGREEMENT made this _____ day of _____, 2010, by and between Miami-Dade County, a political subdivision of the State of Florida, through its Community Action Agency (hereinafter referred to as "County"), located at 701 Northwest First Court · Miami, FL 33136 and **City of Homestead**, having offices at 711 Northeast 1 Road, Homestead, FL. 33030 (hereinafter referred to as "Provider") states, conditions, and covenants for the administration of a portion of the County's Low Income Home energy Assistance Program (hereinafter referred to as "Program").

WHEREAS, the Board through Resolution **399-06** authorized the County Manager to receive and expend Federal grant funds through the State of Florida Department of Community Affairs for the continued operation of the Low Income Home Energy Assistance Program (LIHEAP) ; and

WHEREAS, Provider, a home energy supplier, provides services of value to the County and has demonstrated the ability to provide these services; and

WHEREAS, Provider shall receive payments from the County on behalf of eligible residents of Miami-Dade County for home energy assistance or crisis home energy assistance; and

WHEREAS, the County is desirous of assisting Provider in providing these services and FPL is desirous of providing such services,

NOW, THEREFORE, in consideration of the mutual covenants recorded herein, the parties hereto agree as follows:

I. **Amount Payable.** Subject to available funds, the maximum amount payable for services rendered under this Agreement shall not exceed $1,200,000 in the first year of this Agreement. The amount that may be paid by the County in subsequent years of this agreement shall be determined based on available funding from the State of Florida Department of Community Affairs.

II. **Effective Term.** The effective term of this Agreement is upon execution by all parties through March 31, 2015. The County in its sole discretion may renew this Contract for up to two additional five-year renewal term(s) contingent upon satisfactory performance by the Provider and subject to the availability of funds. The County shall notify the provider of its intent to exercise the option to renew no later than thirty (30) days prior to the expiration of this Contract.

III. **Low Income Home Energy Assistance Program .** The Low Income Home Energy Assistance Program (LIHEAP) provides assistance to low-income households to meet the costs of home energy. LIHEAP has three (3) categories of assistance:

- Regular Home Energy Assistance which constitutes payment of a customer's utility bill not to exceed three hundred dollars ($300) is a one time per year assistance.
- Crisis Assistance which constitutes payment of a customer's utility bill not to exceed six hundred dollars ($600) where the customer has received a final notice or notice to disconnect services.
- Weather Related Crisis Assistance which constitutes payment of a customer's utility bill where utility consumption was incurred as a result of a natural disaster. Payment amounts for Weather Related Crisis Assistance is determined upon the event of a natural disaster.

Both parties understand that payment amounts for Regular Home Energy Assistance and Crisis Assistance is subject to change at the discretion of the State of Florida.

IV. Payment Conditions.

Provider Agrees:

1. To accept payment for home energy consumption on behalf of LIHEAP customers.

2. Discontinue efforts to terminate the utility service of LIHEAP customers identified as Crisis Assistance customers.

3. LIHEAP customers will only be charged, through Provider's normal billing process the actual unpaid difference between the payments made by LIHEAP and the actual remaining unpaid cost of home energy consumption.

4. Customers receiving assistance under LIHEAP will not be treated adversely or discriminated against as a result of receiving assistance.

5. To determine the amount owed by the Crisis Assistance LIHEAP customers and confirm such in the commitment section of the Commitment Log (Exhibit A) and return completed Log before close of business on the day of receipt.

6. Receipt of the Commitment Log from Provider shall reflect the amount the County may commit to pay on behalf the LIHEAP customers.

V. Verification Procedures.

Crisis and Regular Home Energy Customers

County Agrees:

1. The County will determine the eligibility of LIHEAP customers pursuant to LIHEAP guidelines as provided by the State of Florida.

2. Persons authorized to make LIHEAP Crisis Assistance commitments from the County are: the LIHEAP Project Director, Team Managers and Eligibility Supervisors as identified in Exhibit B.

3. The LIHEAP Project Director, Eligibility Supervisor or Team Manager will prepare the LIHEAP Commitment Log indicating name of customers as identified on the Provider's bill, customers last four (4) social security digits, FPL account number, amount of bill and name of person applying for assistance if different from name on account.

4. The Commitment Log will be faxed to Provider not later than 3pm, daily, by the Eligibility Supervisor or Team Manager.

5. Designated staff, at the direction of the Team Manager or Eligibility Supervisor, will prepare the required documents to resolve the customers' crisis and make a commitment with Provider within forty-eight (48) hours.

6. Regular Energy Assistance LIHEAP staff will verify eligibility of the customers and submit eligible Energy Applications (Exhibit C) for assistance to the Team Manager or Eligibility Supervisor for review.

7. The Team Manager or Eligibility Supervisor will provide final approval of the Regular Energy Application and authorize completion of appropriate documents to initiate payment to Provider.

8. Regular Home Energy payments must be made within 30 days of the date the application is approved for assistance.

9. A Notice of Approval or Denial (Exhibit D) will be mailed by staff to the customer within fourteen (14) business days.

10. The Team Manager or Eligibility Supervisor will transmit appropriate documents to the LIHEAP Administrative Unit for processing.

11. Once payment amount has been inputted into the county's FAMIS and On Demand system, County's Finance Department will submit payment to Provider.

VI. General.

Every notice that may be required under this Agreement shall be in writing directed to the parties at their respective addresses as follows:

As to City of Homestead:

Randy Goetzman
Operations Manager

As to Miami-Dade County
Community Action Agency:
Julie B. Edwards
Executive Director

City of Homestead
711 Northeast 1 Road
Homestead, Fl 33030

Community Action Agency
701 NW 1st Court, Suite 10-103
Miami, FL 33136
786.469.4613

Upon its execution, this Agreement shall supersede any previous Agreements.

Either party has the right at any time upon ninety (90) days written notice to the other to terminate this Agreement.

The parties understand and agree that any modification to this Agreement must be in writing and upon the mutual consent of the parties.

SIGNATURES APPEAR ON THE FOLLOWING PAGE

IN WITNESS WHEREOF, the parties hereto have caused this five page Agreement to be executed by their respective and duly authorized officers as of the day and year first above written.

ATTEST:

CITY OF HOMESTEAD

By: _____
(Signature of Authorized Representative)

Richard Vega
Type or Print Name

By: _____
(Signature of Authorized Representative)

Gerardo Estrada
Type or Print Name

MIAMI-DADE COUNTY, FLORIDA

ATTEST:

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

By: _____
George M. Burgess
County Manager

Approved as to Form:

By: _____
Miami-Dade County Attorney

EXHIBIT A

CAA SELF HELP INSTITUTE

Low Income Home Energy Assistance Program

COMMITMENT LOG

2009 - 2010

Center _____

LIHEAP Staff _____ **Date** _____

Regional Coordinator's Signature _____

Vendor Representative _____ **Date** _____

Last Four (4) Digits of Social Security #	Name of Customer	Account Number	Bill Amount	Confirmed/Committed Amt.	Acct. Name, if different	Comments

VENDORS: ☐ **FPL** ☐ **HOMESTEAD** ☐ **PEOPLES GAS** ☐ **CITY GAS**

EXHIBIT B

CAA / SELF HELP DIVISION
LIHEAP LOCATIONS

Joseph Caleb
5400 N.W. 22 Avenue, #306
Miami, FL 33142 PH: (305) 636-2296
Team Manager: Jacqueline Wright
Eligibility Supervisor: Clevell Brown-Jennings
Veronica Del Castillo

Hialeah
300 East First Avenue
Hialeah, FL 33010 PH: (305) 884-4801
Team Manager: Nora Smith
Eligibility Supervisor: Veronica Del Castillo

Miami Gardens
16405 N.W. 25 Avenue
Miami Gardens, FL 33054 PH: (305) 623-6500
Team Manager: Anthony Turner
Eligibility Supervisor: Jolonda Rudolph-Rolle

Edison
150 N.W. 79 Street
Miami, FL 33150 PH: (305) 758-9662
Team Manager: German Izquierdo
Eligibility Supervisor: Damien Adams

Culmer
1600 N.W. 3 Avenue
Miami, FL 33136 PH: (305) 438-4161
Team Manager: Viola Davis
Eligibility Supervisor: Damien Adams

Frankie Shannon (Coconut Grove)
3750 South Dixie Highway
Miami, FL 33133 PH: (305) 446-3311
Team Manager: Helen Miguel
Eligibility Supervisor: Michelle Rodriguez

Florida City/Homestead
1600 N.W. 6 Court
Florida City, FL 33034 PH: (305) 247-2068
Team Manager: Dorothy Lowe
Eligibility Supervisor: John Laskis

Naranja
13955 S.W. 264 Street
Naranja, FL 33032 PH: (305) 258-5471
Team Manager: Dorothy Lowe
Eligibility Supervisor: Mirna Calatayud

Liberty City Community Enrichment Center
6100 NW 7th Avenue
Miami, FL 33127 PH: (305) 756-2830
Team Manager: Tangier Scott
Eligibility Supervisor: Clevell Brown-Jennings

Wynwood
2902 N.W. 2 Avenue
Miami, FL 33127 PH: (305) 547-7661
Team Manager: Nelson Lorie
Eligibility Supervisor: Michelle Rodriguez

Perrine
17801 Homestead Avenue
Miami, FL 33157 PH: (305) 254-5804
Team Manager: Doug Hill
Eligibility Supervisor: John Laskis

Goulds
21300 S.W. 122 Avenue
Miami, FL 33170 PH: (305) 233-2121
Team Manager: Maria Fernandez
Eligibility Supervisor: John Laskis

Accion
858 West Flagler Street
Miami, FL 33130 PH: (305) 547-4892
Team Manager: Darna Guardia
Eligibility Supervisor: Earlene Finney

Sweetwater
250 S.W. 114 Avenue
Miami, FL 33174
PH: (305) 207-5377
Eligibility Supervisor: Mirna Calatayud

South Beach
833 Sixth Street
Miami Beach, FL 33139 PH: (305) 672-1705
Team Manager: Darna Guardia
Eligibility Supervisor: Earlene Finney

EXHIBIT C

Miami Dade Community Action Agency
Low Income Home Energy Assistance Program

LIHEAP APPLICATION

For Office Use Only
[ ] Home Energy
[ ] Crisis
[ ] Disaster Assistance
Stamp Date to the Right

Did you remember to attach COPIES of the following ?
[ ] SS cards for all household members
[ ] Proof of income for all household members (past month)
[ ] Copy of identification for applicant only
[ ] Copy and original of most recent energy bill

PLEASE FILL OUT APPLICATION COMPLETELY

Your LIHEAP application is not a commitment that your bill will be paid. If eligible, a credit will be sent directly to the utility vendor. However:
You must continue to pay the amount owed on your bill.

13

1. Give the following information for yourself first and then each person living in your home. If more than six persons live in your home, list the additional persons, giving the same information on a separate sheet of paper and attach to this form.

Marital status: _____ Place of birth: _____ Ethnicity: _____ Citizenship: _____

Name First, Middle, Last	Social Security Number	Date of Birth	Age	Sex	Race	Relationship to applicant	Education Completed	Source of Income	Monthly Income
(Applicant Name)						SELF			

2. The address where you are living:

_____ _____, FL _____ _____
Street Number and Name, RFD, Apt. or Lot No. City or Town Zip Code County

3. Your mailing address, if different from above:

_____ _____, FL _____ _____
Street Number and Name, RFD, Apt. or Lot No. City or Town Zip Code County

4. Day time telephone number where you can be reached: ( ) _____ ( ) _____

5. If your monthly household income is less than $738 per month, explain how you pay for food, shelter, clothing, transportation and home utilities.

_____

_____

6. Complete the following for your household:
Number of elderly persons (65 or older) #_____
Number of disabled persons #_____
Number of children 5 years of age or younger #_____

7. If you share your living or mailing address with others who are not part of your home, list their names:

_____; _____; _____

8. If you or anyone in your home are not a U.S. citizen or an alien lawfully admitted for permanent residence, give the person's name and alien status under the Immigration and Naturalization Act.

Name: _____ Alien Status: _____

9. Are you or any member of your household a member of the Porch Creek Indian Tribe? Yes _____ No _____

10. Check the programs that anyone in your household is currently eligible for or receiving assistance from:

_____CSBG _____Weatherization _____TANF/WAGES _____Food Stamps _____None

11. If you or any member of your household has received energy assistance in the last 13 months, complete the information below:

_____ _____ _____
Name of Agency Type of help (elderly, crisis, emergency) Date

12. Do any of the following situations currently apply to you? (Check appropriate box(es) below)

[ ] My electricity has been disconnected.
[ ] My current electric bill is delinquent.
[ ] I have a shut-off notice from the electric company.
[ ] None of the above currently apply to my household.
[ ] I have little or no propone, fuel oil or wood for heating.
[ ] I have a shut-off notice from my gas company.
[ ] My current natural gas bill is delinquent.
[ ] Other energy crisis-Describe:

_____

13. If your cost of home energy is included in your rent, give name and telephone number of your landlord. Attach a copy of a letter from the landlord confirming that your rent includes utilities.

Landlord: _____ Landlord's Telephone Number ( ) _____

14. If you live in government subsidized housing, Section 8 housing complex, a dormitory, nursing home, adult foster home, or any kind of group living facility, complete the following:

Name of place where you live: _____

_____ _____,FL _____ _____
Street Number and Name, RFD, Apt. or Lot Number City or Town Zip Code Country

15. Provide the following information about the primary source of energy you use to **heat** your home. Give only one company.

Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephone Number
Electric				
Natural Gas				
Propane				
Fuel Oil				
Wood				

16. Provide the following information about the primary source of energy you use to **cool** your home.

Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephone Number
Air Conditioning				
Fans				

17. If not given above in questions 15 or 16 provide the following information about your electric company.

Energy Source	Company's Name	Customer's Name on the Account	Customer's Account Number	Company's Telephone Number

18. Attach a copy of your current bills for all companies listed above in questions 15, 16, and 17.

FRAUD STATEMENT: The information above is, to the best of my knowledge, true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medical needy or children reside. I authorize the agency to obtain and release confidential information on may behalf and to make benefit payments directly to my energy supplier. I am aware that after I have provided all the information requested, if I am applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application, and, if I'm applying for Home Energy Assistance, the agency has 45 days to approve or deny my application. I am aware that the agency has 45 days to make a payment to my fuel supplier on my behalf. I'm also aware that if I am approved or denied within the time allowed, or not approved for the correct amount, I have to right to an appeals hearing.

I have received a copy of the Miami Dade County Notice of Privacy Practices.

Return application to agency stamped below:

Applicant's Signature _____ Date _____

Eligibility Worker Signature _____ Date _____

Supervisor/ Edit Staff _____ Date _____

WEB APPLICATION

COMMUNITY ACTION AGENCY
LIHEAP SUMMARY/FACE SHEET

APPLICATION NUMBER

DATE: _____ REFERRED BY: SELF CENTER CODE: _____

UNIT: 60 PROGRAM: GA TYPE: OEA CASE NUMBER: _____

APPLICANT NAME: _____ SSN: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DOB: _____ PLACE OF BIRTH: _____ SEX: _____

ETHNICITY: _____ CITIZENSHIP: _____

MARITAL STATUS: SGL MAR DIV WDW SEP HOUSEHOLD SIZE: _____

AMOUNT:

HOME ENERGY _____ CRISIS _____ WRC _____

CHECK VENDOR:

❑ FP&L
GENERAL MAIL FACITLY
MIAMI, FL 33128

❑ CITY OF HOMESTEAD
711 NE 1st ROAD
HOMESTEAD, FL 33030

FOODS STAMPS: ❑ YES ❑ NO

TYPE OF INCOME:

WAGES _____ TANF _____ SSI _____ SSA _____ VA _____ UC _____

CHILD SUP _____ WORK COMP _____ OTHER INCOME _____

INTAKE WORKER: CAA INTAKE WORKER NO: _____ FIELD WORKER: CAA

SOCIAL WORKER SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

EXHIBIT D1

COMMUNITY ACTION AGENCY

MIAMI-DADE

LIHEAP

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
NOTICE OF APPROVAL

TO: _____ FROM:

_____

_____

The action taken on your application for the Low-Income Home Energy Assistance Program is checked below.

Based on your household's qualifications and adjusted annual income of $ _____.

( ) Your household is eligible for a one-time Home Energy Assistance Program fixed benefit of $ _____.

( ) Your household is eligible for a one-time Crisis Energy Assistance Program fixed benefit of $ _____.

You must continue to pay the amount owed on your bill.

We will send a credit directly to CITY OF HOMESTEAD
(Vendor)

in your name or _____.
(Name on the Account)

If you have not been credited with this payment in sixty (60) days, notify the agency. This benefit is to help with the heating/cooling costs of everyone in your household. If you believe this payment is incorrect, you may request a reconsideration or a hearing by contacting the agency within thirty (30) days of this notice.

UTILITY CITY OF HOMESTEAD (Vendor) ACCOUNT # _____ (Client Acct. #)

LIHEAP CASE # _____

831.01-239 6/99

EXHIBIT D2

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

NOTICE OF DENIAL

TO: _____

_____

_____

FROM: Agency Address and Telephone

Date: _____

We regret that your application for [ ] Home Energy Assistance [ ] Crisis Assistance has been denied in accordance with Florida Statutes, Chapter 409.026 and 409.508, and Florida Administrative Code, and the Rules 10C-29.005, 10C-29.007, 10C-29.011, 10C29.013, and 10C-29.015. If you have any questions or wish further explanation, please call or write the agency.

[ ] Your household adjusted annual income of $_____ is more than the $_____ allowed.

[ ] Your household home energy cost is at least partially paid through a program administered by the state of your household lives in a government-subsidized housing project and your home energy cost is totally included in the rent.

[ ] You did not provide information needed to process your application within the specified time.

[ ] You did not provide information needed to process your application while funds remained available.

[ ] You did not apply while funds remained available.

[ ] You did not have a home energy crisis as defined by this program.

[ ] You have already received a crisis benefit this season.

[ ] You received home energy assistance within the last 12 months.

[ ] We are not permitted to provide LIHEAP services where you live.

[ ] You wrote to tell us that you no longer wanted energy assistance.

[ ] No one in your household met the citizenship/alienage requirements.

[ ] You are a member of an Indian tribe that distributes the Low-Income Home Energy Assistance benefits to its members.

APPEAL PROCESS:

If you believe this action is incorrect, you may request a reconsideration or a hearing by contacting the Project Director within 30 days of the date shown above.

Miami-Dade County Community Action Agency
Self Help Division / Low Income Home Energy Assistance Program (LIHEAP)
701 N.W. 1st Court 9th Floor
Miami, FL 33136
786-469-4685