LOW INCOME HOME ENERGY ASSISTANCE PROGRAM 2011-2012

INFORMATION - NEEDS - SURVEY

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THE FOLLOWING INFORMATION IS MAINTAINED BY OUR PRINTING CONTRACTOR AND USED TO PERSONALIZE FORMS FOR YOUR OFFICE THROUGH IMAGING INFORMATION AND ALSO TO SEND A SUPPLY OF ALL FORMS AND DOCUMENTS. PLEASE REVIEW THE INFORMATION — MAKE ANY CHANGES NEEDED AND RETURN THIS FORM TO DEBRA SHEVENOCK, BY JULY 29, 2011. FAX NUMBER IS 717-705-0827 OR E-MAIL TO DESHEVENOC@STATE.PA.US . INCLUDE YOUR SAP COST CENTER AND FUND NUMBERS.

YOUR ACTIVITY CODE	YOUR SAP CODE fund cost center	DISTRICT ID - IF ANY
COURTESY ZIP + 4 CODE	BUSINESS REPLY ZIP + 4 CODE	LIHEAP COORDINATOR NAME
OFFICE ADDRESS TO BE PRINTED ON ALL FORMS AND ENVELOPES	DELIVERY ADDRESS - IF DIFFERENT	

NEEDS - SURVEY

THE FOLLOWING ARE FORMS AND ENVELOPES YOU WILL NEED FOR THIS PROGRAM YEAR. SHOW THE QUANTITY OF EACH FORM YOU WILL NEED. THEY WILL BE PRINTED AND SENT TO THE ADDRESS ABOVE PRIOR TO THE PROGRAM START DATE. THOSE FORMS WITH AN "*" WILL BE PERSONALIZED FOR YOUR OFFICE. THE FOLLOWING FORMS HAVE BEEN REVISED SO ANY SUPPLY ON HAND WILL BE OBSOLETE WITH THE NEW PROGRAM YEAR (PWEA 1 - APPLICATION, PWEA 18 - 18 S - BROCHURE).

FORM NUMBER - NAME	QUANTITY	FORM NUMBER - NAME	QUANTITY
PWEA 1 - APPLICATION*		ENV 201 - #9 COMM. ENV. BUS. REPLY IMP.	
PWEA 1-S - APPLICATION		ENV 202 - #10 COMM. ENV. CORNER CARD IMP.	
		ENV 203 - #10 WINDOW ENV. CORNER CARD IMP.	

(CONTACT PERSON) (TELEPHONE NUMBER) (SIGNATURE)