

Instructions for Completing Year End Fuel Refund and Consumption Report

Our Clients, Your Customers!

The year-end report includes all fuel assistance clients for whom you received a fuel assistance deposit to your company bank account. It's a consolidation of the individual payments that were issued throughout the fuel season.

Definitions & Data in each Column:

LOG ID, FUEL APPLICANT, ACCT NAME, ACCT #, ADDRESS, ADDR TYPE, # BEDROOMS, HOUSING TYPE, SUBSIDIZED HOUSING (Y/N), FUEL TYPE, TOTAL BENE \$ ISSUED: The data in these fields are pre-populated by our Access Database for each individual client/customer that received a fuel assistance benefit. **Please do not make changes to information within these columns.** Changes may be reported in the "comment" section at the far right. For example, if the benefit was issued as fuel type Kero and the client actually uses Oil, it would be noted in the comment section.

TOTAL PROD COST: Total cost in dollars for product delivered during the "fuel season" which is between November 1 and April 30 (6 months). Report totals in rounded dollars (49 cents or less, round down to nearest dollar; 50 cents or more round up to nearest whole dollar).

TOTAL PROD CONSUMPTION: Record the total product by measurement (gallons, kwh, cubic feet) consumed by the client/customer during the "fuel season" which is between November 1 and April 30 (6 months). Use only numeric values in this field.

\$ RFND TO SF PGM: Any amount of money to be refunded to the Fuel Program should be recorded here. To determine the refund amount, take the total benefit dollars issued by the Fuel Program (column K) and subtract the total dollars delivered in product between November 1 and April 30 (column L). NOTE: If the customer received (regardless who paid for it) more product during that time than the total SF benefit issued, a refund is NOT DUE to the Fuel Office. That balance belongs to the customer for their home heating product or energy.

12 MONTH PRODUCT COST: Record the total cost in dollars for all product consumed by the client/customer from May 1 through April 30 (12 months). If you do not have 12 months of product costs for that customer, please enter 0 in that cell. We are only seeking data in this field if the client has been your customer for the full 12 month period.

12 MONTH PRODUCT CONSUMPTION: Record the total product by measurement (gallons, kwh, cubic feet) consumed by the client/customer from May 1 through April 30 (12 months). If you do not have 12 months of product consumption for a customer, please enter 0 in that cell. We are only seeking data in this field if the client has been your customer for the full 12 month period.

CRISIS ASSIST Y/N: Please enter “Y” for yes or “N” for no if the customer received a Crisis Fuel delivery (or disconnection assistance) from one of the Community Action Agencies: BROCC, Capstone, CVOEO, NEKCA or SEVCA.

\$ TRANS IN: If you received Fuel Assistance funds for a client not listed on your report, enter the customer’s name, customer ID number and any other information you have in a blank line at the end of the report. Enter the dollar amount of the Fuel Assistance funds transferred to you in the \$ TRANS IN column. Enter the name of the supplier it was received from in the comments section.

\$ TRANS OUT: If a customer requested a transfer of all or part of their fuel assistance benefit to another supplier, indicate the amount transferred in this section. Enter the name of the supplier it was transferred to in the comments section.

COMMENTS: This section is for notes as described above, for reporting changes, or for documenting any other relevant information such as: customer moved to Florida or customer deceased. ***Electric Companies Please:** If you believe that a client/customer’s energy consumption does not reflect electric heat usage, please indicate this in the comment section.*

The Bottom Line

Summary Information: The total number of fuel assistance customers and total dollars issued are listed at the bottom of the page. You are responsible for accurately completing the line total in column N. This amount is the total of all individual calculations in rounded dollars and must be reconciled with the refund check you submit.

Refund Checks: Checks must be made payable to “Vermont Fuel Assistance Program”. Mail the refund check to: Richard Giddings, Director, Fuel Assistance Program, HC1 South 280 State Drive, Waterbury VT 05671-1020.

\$10 or Less: If the *total cumulative refund for ALL clients combined is \$10 or less*, do NOT send a refund check.

Check Your Math: Most of the errors that occur on the refund report are math errors. The majority of those math errors are in favor of the Fuel Assistance Program. So please, check and double check your math before submitting your report.

SAVE IT! Please save a digital copy of your refund report with other important digital company records.

SUBMIT IT! Attach the report to an email message and send to
AHS.DCFESDFUELMGMT@vermont.gov

In the subject line please put: *Fuel Refund Report – “Your Company Name”*

QUESTIONS? If you have questions, please use the same group email:
AHS.DCFESDFUELMGMT@vermont.gov