

- CRISIS INTERVENTION PROGRAM**
- Progress Energy's Energy Neighbor Program**

**HOME ENERGY SUPPLIER AGREEMENT**

The undersigned Home Energy Supplier agrees to participate during the twelve month period beginning July 1, \_\_\_\_\_ and ending June 30, \_\_\_\_\_ in the Crisis Intervention Program (CIP) and/or Progress Energy's Energy Neighbor Program where under the \_\_\_\_\_ County Department of Social Services will pay to the undersigned a portion of the home energy costs of household's certified to receive such assistance; and the undersigned further agrees, as conditions of participation in CIP and/or Energy Neighbor:

1. To charge the certified household, in the normal billing process, the difference between the actual cost of home energy and the amount of payment made by the county department of social services; and
2. To follow established home energy supplier policy and procedures with regard to notice of termination of service and negotiating for paying past due accounts; and
3. Not to discriminate against any certified household in any manner, including terms and conditions of sale, credit, delivery, or price, whether in the cost of goods supplied or the service provided, because of such household's participation in CIP and/or Energy Neighbor; and
4. To credit the entire CIP and/or Energy Neighbor payment to a household's account immediately upon receipt of payment, regardless of whether the payment results in a credit balance on the account; and
5. To provide such documentation of energy supplied to certified households under CIP and/or Energy Neighbor as may be required by the county department of social services.

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Signature of County Director)

\_\_\_\_\_  
(Signature of Company Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Supplier Social Security Number of Federal ID Number)

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