Bill Payment Assistance Program Liaison

Energy Outreach Colorado (EOC) requires each agency awarded a Bill Payment Assistance Grant to designate a Program Liaison. This person should be an agency staff member who administers the EOC grant or directly oversees its administration. The liaison does not need to be a manager and, in most cases, it is most effective if someone other than the executive director fulfills this function. The Program Liaison is expected to:

- Serve as the agency's in-house expert on the Bill Payment Assistance program, its administration and database.
- Respond to caseworker questions on program administration and the database.
- Attend annual Training and Orientation.
- Communicate with EOC regarding issues and questions that cannot be resolved internally.
- Be responsive to program-related communications.
- Read and understand the Grant Administration Requirements prior to using the database and administering the EOC program and confirm that all caseworkers have done so as well.
- Understand how to use the Energy Assistance Database regardless of whether (s)he uses it for entering client applications or other purposes on a regular basis.
- Ensure timely and accurate data entry of online client applications as well as Utility Payments (if applicable).
- Ensure that all database users complete and sign the Energy Assistance Database Access Request form. A copy must be submitted to EOC via email or fax and the hard copy should be retained with the agency's program files.
- Inform EOC immediately of any program-related staff changes. This includes changes at the Executive Director and program levels. In the event that the Program Liaison leaves the agency or no longer works on EOC, a new liaison must be designated and a new Program Liaison form must be submitted to alert EOC of the change.
- Alert EOC in advance of change of address.

Organization: ____________________________________________

Executive Director: ________________________________________

Program Liaison: _________________________________________

Job Title: ________________________________________________

Phone Number: _________________________________________

Email: __________________________________________________

Program Liaison Signature _________________________________

Date ______________________

Executive Director Signature ______________________________

Date ______________________

Revised 4/16/19