

## **Erie County Department of Social Services Vendor List**

To add your name to the Erie County Department of Social Services (ECDSS)' vendor list please fill out the ECDSS Vendor Application. The application asks general information, including what products or services you may have for ECDSS customers. Please review the list carefully and indicate which products and/or services you would be interested in supplying. Send the completed application by email to [DSSVendorApps@erie.gov](mailto:DSSVendorApps@erie.gov), fax it to 858-6956 or mail to 95 Franklin Street Room 406, Buffalo NY 14202. Applications received will be reviewed by DSS Administration.

### **HEAP Vendor Participation**

All vendors providing HEAP Clean and Tune service vendors and/or CAC services must have a signed agreement on file with the New York State Office of Temporary and Disability Assistance (OTDA) HEAP Bureau. This legally binding document provides both OTDA and participating vendors with assurances that vendors understand the scope of the work to be performed. In addition, it requires participating vendors to abide by the provisions set forth in the document. Vendors must be directed to contact the OTDA HEAP Bureau at: (518) 473-0332 or 1-866-270-HEAP (4327) to become a provider.

A list of HEAP participating vendors is updated on a daily basis and districts must confirm vendor participation using this list prior to authorizing a benefit.

<http://otda.ny.gov/programs/heap/documents/Vendor-Agreement-Repair-Replacement.pdf>

# Erie County Department of Social Services Vendor Application

Name		
Street Address		
City	State	Zip
Contact Person		
Telephone Number	Fax Number	
Email Address		
Federal ID# or Social Security Number		

Certified Minority Business Classified as Follows:

- |  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Black           | <input type="checkbox"/> Hispanic    | <input type="checkbox"/> Asian American | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Eskimo or Aleut | <input type="checkbox"/> Woman Owned | <input type="checkbox"/> Veterans       | <input type="checkbox"/> Other: _____    |

Received Minority Certification From: \_\_\_\_\_

I hereby certify that the information supplied herein is correct.

Print or Type Name	
Signature	Date

Service		Maximum Payment
Appliance Repair Estimate	<input type="checkbox"/>	<i>Stove/Refrigerator Repair Estimate: \$12.50</i>
Appliance Repair	<input type="checkbox"/>	<i>Stove/Refrigerator Repair: less than \$182.00</i>
Appliance Replacement	<input type="checkbox"/>	<i>Stove: \$182.00; Refrigerator: \$182.00/\$258.00(household of 4 or more)</i>
Extermination	<input type="checkbox"/>	<i>As per sealed bids</i>
Property Repairs	<input type="checkbox"/>	<i>As per sealed bids</i>
Moving	<input type="checkbox"/>	<i>As per sealed bids</i>
Storage	<input type="checkbox"/>	<i>As per sealed bids (storage size relative to household size)</i>
Household Establishment (used or new)	<input type="checkbox"/>	As per Initial or Replacement Cost of Essential Household Furniture, Furnishings, Equipment and Supplies (Schedule SA-4a):
		Living Room <span style="float: right;">\$182</span>
		Bedroom
		with single bed <span style="float: right;">\$145</span>
		with two single beds <span style="float: right;">\$205</span>
		with double bed <span style="float: right;">\$184</span>
		Kitchen
		(excluding appliances) <span style="float: right;">\$142</span> (plus \$12 for each additional person)
		Range <span style="float: right;">\$182</span>
		Refrigerator <span style="float: right;">\$182</span> (or \$258 for four or more persons)
		Bathroom <span style="float: right;">\$ 6</span> (plus \$4 for each additional person)
		Other Equipment
		Cabinet for linens <span style="float: right;">\$ 22</span>
		Stove for heating <span style="float: right;">\$ 72</span> (or \$82 for five or more persons)

*This list is subject to change*