OMB Control Number: _ _ _ _ - _ _ _ _

ALL STATES AGENCIES INFORMATION SURVEY

This data is being collected to choose a sample of local agencies to contact to collect billing histories. The data you supply will be used to build the sampling frame.

Public reporting burden for this collection of information is estimated to average four hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Records Management Division, IM-11, Paperwork Reduction Project (1910-XXXX), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (1910-XXXX), Washington, DC 20503.

Thank you in advance for completing this survey.

1. Please identify your state. _____

2. It is important to collect information about the weatherization of homes beyond the standard single family homes that are heated with natural gas or electricity. Please provide the following information about each of the local agencies (subgrantees) that you fund to provide weatherization services in your state:

Local Agency (Subgrantee) Name	**Amount of DOE Funds Received by Agency in Program Year 2008**	**Indicate, *by checking the appropriate boxes below,* where you expect a specific local agency to weatherize a substantial number of dwelling units of a particular type in Program Year 2008. (Substantial means 50 or more unless you have many agencies that meet that criterion for one dwelling type. In that case, please report the 10 agencies with the highest expected caseload for that dwelling type.)**				
		Large multi-family	**Large multi-family heated with fuel oil**	**Single-family heated with fuel oil**	**Single-family heated with propane**	**Mobile home heated with propane**

3. Please provide the following information about each of the local agencies (subgrantees) that you fund to provide weatherization services in your state:

Local Agency (Subgrantee) Name	**Indicate, *by checking the appropriate boxes below,* where you expect a specific local agency to have the following characteristics in Program Year 2008**				
	Average energy savings substantially higher than the state norm	**Innovative and/or particularly effective client education program**	**Innovative and/or particularly effective program for training weatherization staff and/or contractors**	**Innovative and/or particularly effective program for inspecting weatherized units (Quality Assurance)**	**Innovative and/or large program of leveraging DOE funds to gain non-DOE funds for weatherization**