Form No. ACF-119, Part 1

OMB Clearance No.: 0970-0121

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Expiration Date: XX/XX/XXXX

LIHEAP LEVERAGING REPORT RESOURCE/BENEFIT DESCRIPTION PAGES

Complete this form for each separate leveraged resource/benefit that the grantee proposes to count for this base period. Only resources/benefits that are provided to low income households (as defined in 45 CFR 96.87(b)(6)) may be counted.

Grant	ee:			Base period:				
1. Re	esourc	e #		Mon	th/Day/Year - Month/Day/Year			
	A.	Resource/ben						
	B. \$	Gross value o		fits provided by resource				
	C.			s used to leverage this re .IHEAP allotment): \$				
	D.		arges to low incon	ne households to particip	ate/receive these benefits:			
	E.			s provided by resource du tems C and D from item l				
2. contri	bution If moi		e of resource is c	Discount/waiver	In-kind ountable benefits provided			
3.	Sourc	e of resource:						
4.	Brief	Brief description of resource:						
5.	Brief description of benefit(s) provided to low income households by this resource (if benefits are different from resource as described in item 4, or if more information is needed):							
6.	Geog	raphical area ir	n which benefits v	were provided:				
7.	Month	n(s) and year(s) when benefits v	vere provided to recipient	ts during this base period:			
8.	Numb	umber of low income households to whom benefits were provided in this base period:						
9.			s) for low income	households to whom ben	efits were provided:			

		ncome at o therSpec		0% of Stat	e media	an income			
Page	2 - Gra	antee:						R	esource #
10.	— Agen	cy/agencie	es that adr	ministered	resour	ce/benefits	:		
11.	Source(s) of data used to determine value of resource/benefits, and to determine associated costs to grantee and to recipient low income households:							termine	
12.	Brief description of how resource/benefits' value was quantified and how gross value of countable benefits was calculated, and how any offsetting costs to recipient low income households were calculated; also, for discounts, reduced rate/price actually paid, and fair market value:								
13.									c one or two): cions for form.)
	_(i)	The gran	tee's LIHE ng and/or	AP progra acquiring	m had a the reso	an active, s	substantive, fits from ho	significa	
	_(ii)	LIHEAP p standard	rogram to	low incon dance wit	ne hous	eholds elig		he grant) the grantee's ee's LIHEAP nd the
	_(iii)	the grant LIHEAP p They met	ee's LIHEA rogram, o t at least o	AP plan, as utside (no one of con	s a supp t throug ditions /	olement an Jh, within, A through l	d/or alterna or as part o	itive to th f) the LIH ating tha	as described in ne grantee's EAP program. t they were
14.	Expla acqui	nation of s	specific rolesource/be	le of grant enefits, de	ee's LIF monstra	IEAP progr	gross value am in devel nvolvement	opment a	
15.	meet		onstrate(s	s) resourc			der criterior ordination w		resource ee's LIHEAP
		Α	В	С	D	Е	F	G	Н



Form No. ACF-119, Part 2 OMB Clearance No.: 0970-0121 Expiration Date: XX/XX/200X

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

LIHEAP LEVERAGING REPORT SUMMARY PAGE

Grantee:		Base Pe		Marth/Day/Veer
Address:			Month/Day/Year -	•
			Estimated reporting burden	= 38 hours total
Name and telep	phone number of person(s) to contact for fu	rther information:		
	ary Page, show the grand totals for all le formation from item 1 of the Resource/Be			Items B through E are to show the
A. Total number of leveraged resources	income households during this base	used to leverage these resources (not		E. Net value of these resources/ benefits (To calculate item E, subtract items C and D from item B.)
F. Amount of f this base period	funds from grantee's Federal LIHEAP alloti l	ment used to identify, develop, and dem	onstrate leveraging programs during	
G. Final net va	llue of leveraged resources/benefits to be co	ounted for this base period (To calculate i	tem G, subtract item F from item E.)	
	o the best of my knowledge, the information ed upon request to the U.S. Department of l		correct, and documentation to support th	is information is readily available and
Signature o	of Chief Executive Officer or Designee	Title		Date

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM SAMPLE LEVERAGING SUMMARY WORKSHEET

This sample format is voluntary. No penalties will be imposed if grantees do not submit it. Grantee: ______Summary Worksheet pages Base Period: ______ of ____ of ____ Leveraging Month/Day/Year - Month/Day/Year A. Resource/benefit name (Submit a Resource/Benefit B. Gross value of countable C. Amount of grantee's own D. Costs/charges to low E. Net value of resource/ Resource Description Pages form for each resource/benefit listed benefits provided by this funds used to leverage this # income households to benefits (To calculate item E for below.) resource to low income participate/receive these each resource/benefit, subtract resource (not including funds items C and D from item B for households during this base from grantee's Federal benefits that resource/ benefit.) LIHEAP allotment) period

Subtotals for this page