

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
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.

Grantee: \_\_\_\_\_ Base period:

\_\_\_\_\_

Month/Day/Year - Month/Day/Year

1. Resource # \_\_\_\_\_

A. Resource/benefit name:

\_\_\_\_\_

B. Gross value of countable benefits provided by resource during this base period: \$ \_\_\_\_\_

C. Amount of grantee's own funds used to leverage this resource (not including funds from grantee's Federal LIHEAP allotment): \$ \_\_\_\_\_

D. Costs and charges to low income households to participate/receive these benefits: \$ \_\_\_\_\_

E. Net value of countable benefits provided by resource during this base period (To calculate item E, subtract items C and D from item B): \$ \_\_\_\_\_

2. Type of resource: \_\_\_Cash \_\_\_Discount/waiver \_\_\_In-kind contribution

If more than one type of resource is claimed: Gross value of countable benefits provided by each type of resource:

3. Source of resource:

4. 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. Geographical area in which benefits were provided:

7. Month(s) and year(s) when benefits were provided to recipients during this base period:

8. Number of low income households to whom benefits were provided in this base period: \_\_\_\_\_

9. Eligibility standard(s) for low income households to whom benefits were provided:

\_\_\_Income at or below 150% of the poverty level

\_\_\_Income at or below 60% of State median income  
\_\_\_Other--Specify:

Page 2 - Grantee: \_\_\_\_\_  
\_\_\_\_\_

Resource #

10. Agency/agencies that administered resource/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:

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. Criterion/criteria in 45 CFR 96.87(d)(2) that resource/benefits meet (check one or two):  
(Criteria are summarized below. For full text, see regulations and instructions for form.)

\_\_\_(i) The grantee's LIHEAP program had an active, substantive, significant role in developing and/or acquiring the resource/benefits from home energy vendor(s) through negotiation, regulation, and/or competitive bid.

\_\_\_(ii) The resource/benefit(s) were distributed through (within, as part of) the grantee's LIHEAP program to low income households eligible under the grantee's LIHEAP standards, in accordance with the LIHEAP statute and regulations and the grantee's LIHEAP plan.

\_\_\_(iii) The resource/benefit(s) were distributed to low income households as described in the grantee's LIHEAP plan, as a supplement and/or alternative to the grantee's LIHEAP program, outside (not through, within, or as part of) the LIHEAP program. They met at least one of conditions A through H demonstrating that they were integrated and coordinated with the grantee's LIHEAP program.

14. If criterion (i) is checked in item 13, and resource has gross value of \$5,000 or more: Explanation of specific role of grantee's LIHEAP program in development and/or acquisition of resource/benefits, demonstrating that involvement of LIHEAP program was active, substantive, and significant.

15. If criterion (iii) is checked in item 13: Condition(s) under criterion (iii) that resource meets that demonstrate(s) resource's integration/coordination with grantee's LIHEAP program (check one or more):

\_\_\_A \_\_\_B \_\_\_C \_\_\_D \_\_\_E \_\_\_F \_\_\_G \_\_\_H

16. If criterion (iii) is checked in item 13, and resource has gross value of \$5,000 or more:  
Explanation of how resource/benefits were integrated and coordinated with grantee's LIHEAP program.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
**LIHEAP LEVERAGING REPORT**  
**SUMMARY PAGE**

Grantee: \_\_\_\_\_

Base Period: \_\_\_\_\_

Month/Day/Year - Month/Day/Year

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated reporting burden = 38 hours total

Name and telephone number of person(s) to contact for further information: \_\_\_\_\_

**On this Summary Page, show the grand totals for all leveraged resources that the grantee proposes to count for this base period. Items B through E are to show the sums of the information from item 1 of the Resource/Benefit Description Pages, Part 1 of this form.**

A. Total number of leveraged resources	B. Total gross value of countable benefits provided by these resources to low income households during this base period	C. Total amount of grantee's own funds used to leverage these resources (not including funds from grantee's Federal LIHEAP allotment)	D. Total costs/charges to low income households to participate/ receive these benefits	E. Net value of these resources/ benefits (To calculate item E, subtract items C and D from item B.)
F. Amount of funds from grantee's Federal LIHEAP allotment used to identify, develop, and demonstrate leveraging programs during this base period				
G. Final net value of leveraged resources/benefits to be counted for this base period (To calculate item G, subtract item F from item E.)				

I certify that, to the best of my knowledge, the information in this LIHEAP Leveraging Report is correct, and documentation to support this information is readily available and will be submitted upon request to the U.S. Department of Health and Human Services.

\_\_\_\_\_  
Signature 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: \_\_\_\_\_ Base Period: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Leveraging  
 Summary Worksheet pages Month/Day/Year - Month/Day/Year

Resource #	A. Resource/benefit name (Submit a Resource/Benefit Description Pages form for each resource/benefit listed below.)	B. Gross value of countable benefits provided by this resource to low income households during this base period	C. Amount of grantee's own funds used to leverage this resource (not including funds from grantee's Federal LIHEAP allotment)	D. Costs/charges to low income households to participate/receive these benefits	E. Net value of resource/benefits (To calculate item E for each resource/benefit, subtract items C and D from item B for that resource/ benefit.)
Subtotals for this page					