# Low Income Household Water Assistance Program Q Management Form

# **Recipient Information**

<sup>Yes</sup>□

**Recipient Name:** 

Contact Name:

Contact Phone Number:

Contact Email:

# First Quarterly Performance and Management Report (Octo

## I. Total Households Assisted

	A. Total Households Q1
1. Unduplicated number of households assisted	0

## II. Assistance Provided by Service Type

	N
Type of LIHWAP assistance for households	A. Water or Wastewater
1. Restoration of services	0
2. Prevention of disconnection of services	0
3. Reduction of rates charged	0
*If other services were paid for with LIHWAP funds, please explain	

Response:

# III. LIHWAP Implementation Information

	A. Number of Water Vendors
1. Of the water vendors in your state, territory or tribe, how many vendors have you entered into an agreement with?	
2. If you have not entered into a vendor agreement with all vendors, please describe the barriers to execution below.	

Response:

3. Have you begun to accept applications for LIHWAP?

4. If you have not begun to accept applications for LIHWAP, please explain why below.

Response:

5. If you have started accepting applications, have all areas of your state, territory or tribe begun implementation? If no, please briefly expla which areas have not begun accepting applications and why. Response:

6. If applicable, have you executed agreements with all of your subrecipients? If no, please explain.

Response:

### IV. Performance Management

1. Describe up to three notable accomplishments achieved by LIHWAP implementation during the reporting period. Please include a partici

Response:

2. Describe any challenges with LIHWAP implementation during the reporting period.

Response:

3. Are there additional unmet water or wastewater needs in your service area? If yes, please describe.

Response:

4. Do you have any training and/or technical assistance needs that you would like the Office of Community Services to offer support for?

Response:

#### V. Remarks

1. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.

Response:

### VI. Certification

Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any fals civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:

b. Title of Authorized Official:

X

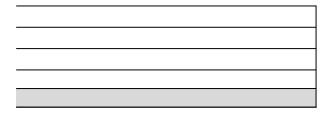
c. Signature of Authorized Official:

d. Date Signed:

Expiration Date:	xx/xx/xxxx	

uarterly	Perform	ance and
ber 1- Dece	mber 31)	
umber of assisted ho	ouseholds by Service	Туре
B. Multiple Water Services	C. Other Water Services	
0	0	
0	0	
0	0	
Date started?	No	Estimated start date for accepting applications?
ain your approach/pla	an for getting to full i	mplementation, including

	l
ipant success story, if applicable.	
e, fictitious, or fraudulent information may subject me to criminal,	



# Low Income Household Water Assistance Program Qu Management Form

# **Recipient Information**

Recipient Name:

### Contact Name:

**Contact Phone Number:** 

**Contact Email:** 

## Second Quarterly Performance and Management Report (Ja

### I. Total Households Assisted

	A. Total Households Q2
1. Unduplicated number of households assisted	5

### II. Assistance Provided by Service Type

	Nui
Type of LIHWAP assistance for households	A. Water or Wastewater
1. Restoration of services	0
2. Prevention of disconnection of services	0
3. Reduction of rates charged	0
*If other services were paid with LIHWAP funds, please explain	

Response:

## **III. LIHWAP Implementation Information**

	A. Number of Water Vendors
1. Of the water vendors in your state, territory, or tribe, how many vendors have you entered into an agreement with?	
2. If you have not entered into a vendor agreement with all vendors, please describe the barriers to execution below	Ν.

Response:

3. Have you begun to accept applications for LIHWAP?	Yes	1
		1
		1
		1
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4. If you have not begun to accept applications for LIHWAP, please explain why below.

Response:

5. If you have started accepting applications, have all areas of your state, territory or tribe begun implementation? If no, please briefly explain y which areas have not begun accepting applications and why.

Response:

6. If applicable, have you executed agreements with all of your subrecipients? If no, please explain.

Response:

### IV. Performance Management

1. Describe up to three notable accomplishments achieved by LIHWAP implementation during the reporting period. Please include a participan

Response:

2. Describe any challenges with LIHWAP implementation during the reporting period.

Response:

3. Are there additional unmet water and wastewater needs in your service area? If yes, please describe.

Response:

4. Do you have any training and/or technical assistance needs that you would like the Office of Community Services to offer support for?

Response:

#### V. Remarks

1. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.

Response:

#### VI. Certification

Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fic civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

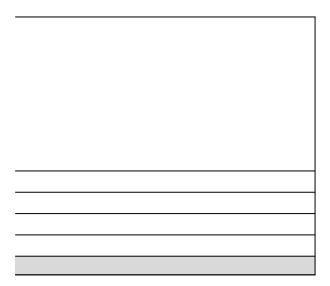
a. Name of Authorized Official:

b. Title of Authorized Official:

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c. Signature of Authorized Official:	
d. Date Signed:	

	Expiration Date: 🗙	x/xx/xxxx
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nuary 1- Mai	rch 31)	
B Total Cumulative Households		
5	5	
mber of assisted hous	eholds by Service Type	
B. Multiple Water Services	C. Other Water Services	
0	0	
0	0	
Date started?	for accer	d start date ting
	applicatio	ons?
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# Low Income Household Water Assistance Program C Management Form

# **Recipient Information**

Recipient Name:

Contact Name:

**Contact Phone Number:** 

Contact Email:

# **Third Quarterly Performance and Management Report**

I. Total Households Assisted

	A. Total Households Q3
1. Unduplicated number of households assisted	

## II. Assistance Provided by Service Type

Type of LIHWAP assistance for households	A. Water or Wastewater
1. Restoration of services	0
2. Prevention of disconnection of services	0
3. Reduction of rates charged	0

Response:

III. LIHWAP Implementation Information	
Please attach an updated vendor list to the report, see instructions	
1. Are there any changes in your agreements with water vendors from the previous quarters? Please explain any changes below.	Ye
Response	

2. Are there any changes to which portions of your service area are accepting applications and implementing	Yes	
LIHWAP from Quarter 2? If so, please explain the changes. If not at 100% of implementation, please briefly explain		
your approach/plan for getting to full implementation, including which areas have not begun accepting		
applications and why.		

Response:

3. If applicable, have you executed agreements with all of your subrecipient? If no, please explain.

Response:

### IV. Performance Management

1. Describe up to three notable accomplishments achieved by LIHWAP implementation during the reporting period. Please include a particip.

Response:

2. Describe any challenges with LIHWAP implementation during the reporting period.

Response:

3. Are there additional unmet water and wastewater needs in your service area? If yes, please describe.

Response:

4. Do you have any training and/or technical assistance needs that you would like the Office of Community Services to offer support for?

Response:

### V. Remarks

1. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.

Response:

### VI. Certification

Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:

b. Title of Authorized Official:

Expiration Date: xx/xx/xxxx

uarterly Performance and		
April 1 - Jui	ne 30)	
. Total Cumulative		
ouseholds		
	5	
	ouseholds by Service Type	
Multiple Water Se	rvices C. Other Water Services	
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ant success story, if applicable.		
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	•	

# Low Income Household Water Assistance Program Qu Management Form

# **Recipient Information**

### Recipient Name:

Contact Name:

# Contact Phone Number:

### Contact Email:

# Fourth Quarterly Performance and Management Report (Jul

### I. Total Households Assisted

	A. Total Households Q4
1. Unduplicated number of households assisted	

### II. Assistance Provided by Service Type

	N
Type of LIHWAP assistance for households	A. Water or Wastewater
1. Restoration of services	0
2. Prevention of disconnection of services	0
3. Reduction of rates charged	0
*If other services were paid with LIHWAP funds, please explain	·

Response:

III. LIHWAP Implementation Information	
Please attach an updated vendor list to the report, see instructions	
<ol> <li>Are there any changes in your agreements with water vendors from the previous quarter? Please explain any changes below.</li> </ol>	Yei

Response:

2. Are you still accepting applications for LIHWAP?

3. If you are still accepting applications, are there any changes to which portions of your service area are accepting applications and implementing LIHWAP from Quarter 3? If yes, please explain the changes.	Ye:	

Yes

Response:

### IV. Performance Management

1. Describe up to three notable accomplishments achieved by LIHWAP implementation during the reporting period. Please include a participa

Response:

2. Describe any challenges with LIHWAP implementation during the reporting period.

Response:

3. Are there additional unmet water and wastewater needs in your service area? If yes, please describe.

Response:

4. Do you have any training and/or technical assistance needs that you would like the Office of Community Services to offer support for?

Response:

5. Please list and describe up to three lessons learned during the first year of LIHWAP implementation.

Response:

### V. Remarks

1. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.

Response:

### VI. Certification

Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:

b. Title of Authorized Official:

Expiration Date: xx/xx/xxxx

Jarterly F	Performa	nce and	
y 1 - Septem	ber 30)		
B. Total Cumulative Households 10			
Imber of assisted hour B. Multiple Water	seholds by Service Type C. Other Water	2	I
Services	Services		
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