

Low Income Household Water Assistance Program Quarterly Management Form	
Recipient Information	
Recipient Name:	
Contact Name:	
Contact Phone Number:	
Contact Email:	
First Quarterly Performance and Management Report (October 1 - December 31, 2020)	
I. Total Households Assisted	
	A. Total Households Q1
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 for with LIHWAP funds, please explain	
Response:	
III. Performance Management	
Describe up to three notable accomplishments achieved by LIHWAP during the implementation period, including any innovative approaches. Please include a participant success story, if applicable.	
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:

IV. Use of Funds

	A. Consolidated Appropriation Act, 2021 Funding
1. Funding obligated to date for the Fiscal Year	

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:

c. Signature of Authorized Official:

d. D





Expiration Date: XXXXXX

Quarterly Performance and

ber 1- December 31)

umber of assisted households by Service Type

B. Multiple Water Services	C. Other Water Services	
0	0	
0	0	
0	0	

is or policies that were put into place during the reporting period.

Actual Obligated Funds		
B. American Rescue Act, 2021 Funding	C. Reserve for Possible Future	
e, fictitious, or fraudulent information may subject me to criminal,		

Low Income Household Water Assistance Program Quarterly
Management Form

Recipient Information

Recipient Name:

Contact Name:

Contact Phone Number:

Contact Email:

Second Quarterly Performance and Management Report (January to March)

I. Total Households Assisted

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

II. Assistance Provided by Service Type

	Nursing
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. Performance Management

1. Describe up to three notable accomplishments achieved by LIHWAP during the implementation period, including any innovative approaches. Please include a participant success story, if applicable.

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:

IV. Use of Funds

	A. Consolidated Appropriation Act, 2021 Funding
1. Funding obligated to date for the Fiscal Year	

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, fictitious, or fraudulent statements or information may result in criminal or civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:

b. Title of Authorized Official:

c. Signature of Authorized Official:

d. Date Signed:

X

Expiration Date: XXXXXX

Quarterly Performance and

January 1- March 31)

B Total Cumulative
Households

0

Number of assisted households by Service Type

B. Multiple Water
Services

0

0

0

C. Other Water
Services

0

0

0

or policies that were put into place during the reporting period.

Low Income Household Water Assistance Program Quarterly
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

**If other services were paid with LIHWAP funds, please explain*

Response:

III. Performance Management

1. Describe up to three notable accomplishments achieved by LIHWAP during the implementation period, including any innovative approach include a participant success story, if applicable.

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:

IV. Use of Funds	
	A. Consolidated Appropriation Act, 2021 Funding
1. Funding obligated to date for the Fiscal Year	

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:
c. Signature of Authorized Official:
<div></div>
d. Date Signed:

Expiration Date: XXXXXX

Quarterly Performance and

(April 1 - June 30)

B. Total Cumulative Households	
0	

Number of assisted households by Service Type		
B. Multiple Water Services	C. Other Water Services	
0	0	
0	0	
0	0	

es or policies that were put into place during the reporting period. Please

[illegible]

Low Income Household Water Assistance Program Quarterly Management Form

Recipient Information

Recipient Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Fourth Quarterly Performance and Management Report (July 1, 2020 to September 30, 2020)

I. Total Households Assisted

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

II. Assistance Provided by Service Type

Type of LIHWAP assistance for households	Number of households assisted
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. Performance Management

1. Describe up to three notable accomplishments achieved by LIHWAP during the implementation period, including any innovative approaches. Please include a participant success story, if applicable.

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:

IV. Use of Funds

	A. Consolidated Appropriation Act, 2021 Funding
1. Funding obligated to date for the Fiscal Year	

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:

c. Signature of Authorized Official:

X

d. Date Signed:

Expiration Date: XXXXXX

Quarterly Performance and

by 1 - September 30)

B. Total Cumulative Households	
0	

Number of assisted households by Service Type

B. Multiple Water Services	C. Other Water Services	
0	0	
0	0	
0	0	

as or policies that were put into place during the reporting period.

[illegible]