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| **Attachment B OMB Clearance No.: 0970-0106 Expiration Date: m/dd/yyyy**  **LOW INCOME HOME ENERGY ASSISTANCE PROGRAM CARRYOVER AND REALLOTMENT REPORT** | | |
| **Grant Recipient:** | **Date:** | |
| **SECTION 1: For Annual LIHEAP Block Grant Funds, Including Regular Federal Fiscal Year (FFY) [FY] Funds Appropriated through the Annual Appropriations Cycle and FFY [FY] Supplemental Funds Appropriated through the Infrastructure Investment and Jobs Appropriations Act (Infrastructure Act) [Public Law (Pub. L. 117-58)], and for FFY [FY-1] Funds Reallotted for FFY [FY]** | | |
| **Section 2607(b)(2)(B) of the LIHEAP statute (42 U.S.C. 8626(b)(2)(B)) requires that, except where permitted otherwise, at least 90 percent of funds available to you must be obligated in the year in which they are appropriated. Not more than 10 percent of this amount payable f or a fiscal year may be held for obligation in the succeeding fiscal year.** | | |
| **1.1) Current year amount payable (regular block grant funds, Infrastructure Act funds, and reallotted funds)** | | [OLDC\_PREPOP] |
| **1.2) 10 percent of amount payable (regular block grant funds, Infrastructure Act funds, and reallotted funds)** | | [OLDC\_AUTOCALC] |
| **1.3) Projected unobligated balance (regular block grant funds and reallotted funds)** | | [RECIPIENT\_ENTRY] |
| **1.4) Projected unobligated balance (Infrastructure Act funds only)** | | [RECIPIENT\_ENTRY] |
| ***If the sum of lines 1.3 and 1.4 is equal to or less than line 1.2 then, on the following two lines, OLDC will show the amount from lines 1.3 and 1.4 for your carryover amount and zero for your reallotment amount.***  ***If the sum of lines 1.3 and 1.4 is larger than line 1.2, then, on the following two lines, OLDC will show the amount on line 1.2 as your carryover amount and the difference between line 1.2 and that sum as your reallotment amount.*** | | |
| **Regular Block Grant Carryover Amount**  **(Regular block grant funds plus Infrastructure Act funds and reallotted funds to be carried over for obligation in the following fiscal year.)** | | [OLDC\_AUTOCALC] |
| **Reallotment Amount**  **(Regular block grant funds plus Infrastructure Act funds and reallotted funds that exceed the 10% carryover amount and are to be returned the Federal government.)** | | [OLDC\_AUTOCALC] |
| **If OLDC shows a Regular Block Grant Carryover amount under line 1.4, please provide the following:** | | |
| **1.4)a) Briefly state the reasons that these funds will not be obligated in the fiscal year for which they were allotted** [RECIPIENT\_ENTRY] | | |
| **1.4)b) Briefly describe the types of assistance to be provided with the amount of regular block grant funds, Infrastructure Act funds, and reallotted funds that will be held available for the following fiscal year:** [RECIPIENT\_ENTRY] | | |
| **SECTION 2: For FFY 2022 LIHEAP Supplemental Funds Appropriated through the American Rescue Plan Act of 2021 (ARPA) (Pub. L. 117-2)** | | |
| **ARPA (Pub. L. 117-2) allows grant recipients to obligate up to 100 percent of LIHEAP funds in Federal Fiscal Year (F FY) 2022.** | | |
| **2.1) Amount payable (ARPA funds only)** | | [OLDC\_PREPOP] |
| **2.2) Projected unobligated balance (ARPA funds only)** | | [RECIPIENT\_ENTRY] |
| **2.3) Projected return of funds to HHS/unobligated balance as of 9/30/2022 (ARPA funds only)**  **If you report an unobligated ARPA amount on line 2.3, then please provide the following:** | | [OLDC\_AUTOCALC] |
| **2.3)a) Briefly describe the types of assistance to be provided with the ARPA funds held available for FFY 2023:** [BLANK\_FROZEN] | | |
| **2.3)b) Briefly state the reasons that these ARPA funds will not be obligated in FFY 2022:** [RECIPIENT\_ENTRY] | | |
| **SECTION 3: For FFY [FY] LIHEAP Supplemental Funds Appropriated through the [ACT\_NAME] (Pub. L. [PLNO])** | | |
| **The [ACT\_NAME] (Pub. L. [PLNO]) …** | | |
| **3.1) Amount payable ([ACT\_NAME] funds only)** | | [OLDC\_PREPOP] |
| **3.2) Carryover Amount - projected unobligated balance ([ACT\_NAME] funds only)** | | [RECIPIENT\_ENTRY] |
| **3.3) Projected return of funds to HHS/unobligated balance after 9/30/[FY+1] ([ACT\_NAME] funds only)**  **If you report an unobligated [ACT\_NAME] amount on line 3.3, then please provide the following:** | | [OLDC\_AUTOCALC] |
| **3.3)a) Briefly describe the types of assistance to be provided with the [ACT\_NAME] funds held available for the following fiscal year:** [RECIPIENT\_ENTRY] | | |
| **3.3)b) Briefly state the reasons that these [ACT\_NAME] funds will not be obligated in FFY[FY]:** [RECIPIENT\_ENTRY] | | |

Certification

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| **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 information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)** | |
| **a. Name of Authorized Official:**  [RECIPIENT\_ENTRY] | **d. Telephone:** [RECIPIENT\_ENTRY] |
| **b. Title of Authorized Official:**  [RECIPIENT\_ENTRY] | **e. Email address:** [RECIPIENT\_ENTRY] |
| **c. Signature of Authorized Official:** [RECIPIENT\_ENTRY] | **f. Date Submitted:** [RECIPIENT\_ENTRY] |