## Low Income Home Energy Assistance Program Quarte and Management Form

	Recipient Information
Recipient Name:	
Contact Name:	
Contact Phone Number:	
Contact Email:	
First Quarterly Perform	nance and Management Report (Octobe
I. Total Households Assisted	
	A. Total Households
	Q1
1. Number of assisted households	
2. Number of assisted households during the same period last	: year
II. Performance Management	
	A. Total Occurrences
Number of Occurences of households where LIHEAP prevented t	Q1
Number of Occurences of households where LIHEAP restored to     Number of Occurences of households where LIHEAP restored households.	
2. Number of Occurences of Households where Linear restored no	incenergy.
III. Estimated Use of LIHEAP Funds	
III. ESTIMATED OSE OF LINEAR FUNGS	Obligations by LIUE
	Obligations by LIHE appli
	A. LIHEAP FY 2023 Non-Supplemental
1. Amount of funds obligated	0
IV. LIHEAP Program Implementation	n and Support
For questions 1-7, please select Yes or No from the dropdown men were made in the space provided below each question.	nu in column B. If the answer is yes, please explain what changes were
1. Since submitting your Grantee Plan, have you made any changes	to your income eligibility requirements?
Provide a brief explaination here:	
Since submitting your Grantee Plan, have you made any changes	to your income verification/documentation
requirements?	
Provide a brief explaination here:	
3. Since submitting your Grantee Plan, have you made any changes	to your outreach strategies?
5. Since Submitting your Grantee Flatt, have you made any changes	to your our each strategies:
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Provide a brief explaination here:	
4. Since submitting your Grantee Plan, have you made any changes to your benefit matrix and/or have you	
increased your crisis maximum amounts?	
Provide a brief explaination here:	
5. Since submitting your Grantee Plan, have you made any changes to how you are prioritizing vulnerable populations (i.e., the elderly, disabled, and young children)?	
Provide a brief explaination here:	
6. Since submitting your Grantee Plan, have you made any other changes to your policies on arrearage	
forgiveness?	
Provide a brief explaination here:	
7. Since submitting your Grantee Plan, have you made any other changes to your LIHEAP policies?	
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Provide a brief explaination here:	
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8. Are you collaborating or coordinating with other utility assistance programs (i.e., the Emergency Rental Assistance Program	n, Community
assisted programs, Homeowners Assistance Fund)? If so, please provide a brief explanation of your colloboration/coordinatio	n enorts.
Response:	
9. Do you have any challenges or training and/or technical assistance needs that you would like the Office of Community Ser	vices' Division
so, please list these in the response.	
Response:	<del></del>
10. Please provide a quote on the impact of LIHEAP from a member of a LIHEAP household.	
Response:	
V. Remarks	
v. Kelliaiks	
1. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.	<del></del>
Response:	<del></del>
VI. Certification	
vi. Certification	

. Name of Authorized Official:	
. Name of Authorized Official.	
. Title of Authorized Official:	
. Title of Additionized Official.	
. Signature of Authorized Official:	
. Date Signed:	
. Date signed.	

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services brock Grant, Gunty randed energy	
of Energy Assistance to offer support for? If	
of Energy Assistance to offer support for? If	
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## Low Income Home Energy Assistance Program Quarte and Management Form

Recipient Information Recipient Name: Contact Name: Contact Phone Number: Contact Email:  First Quarterly Performance and Management Report (January 1  . Total Households Assisted  A. Total Households Q2  . Number of assisted households . Number of assisted households during the same period last year  I. Performance Management  A. Total Occurrences Q2  . Number of Occurences of households where LIHEAP prevented the loss of home energy.  II. Estimated Use of LIHEAP Funds  Obligations by LIHEAP applications and the proposed of the propose
Contact Name: Contact Phone Number: Contact Email:  First Quarterly Performance and Management Report (January 1  Total Households Assisted  A. Total Households Q2  Number of assisted households during the same period last year  I. Performance Management  A. Total Occurrences Q2  Number of Occurences of households where LIHEAP prevented the loss of home energy.  Number of Occurences of households where LIHEAP restored home energy.  II. Estimated Use of LIHEAP Funds  Obligations by LIHEAP applic  A. LIHEAP FY 2023
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I. Performance Management  A. Total Occurrences Q2  D. Number of Occurences of households where LIHEAP prevented the loss of home energy.  D. Number of Occurences of households where LIHEAP restored home energy.  II. Estimated Use of LIHEAP Funds  Obligations by LIHEAP applic  A. LIHEAP FY 2023
I. Performance Management  A. Total Occurrences Q2  Description of Occurrences of households where LIHEAP prevented the loss of home energy.  Description of Occurrences of households where LIHEAP restored home energy.  II. Estimated Use of LIHEAP Funds  Obligations by LIHEAP applied  A. LIHEAP FY 2023
A. Total Occurrences Q2  Number of Occurences of households where LIHEAP prevented the loss of home energy  Number of Occurences of households where LIHEAP restored home energy.  II. Estimated Use of LIHEAP Funds  Obligations by LIHEAP applic  A. LIHEAP FY 2023
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Obligations by LIHEA applic  A. LIHEAP FY 2023
applic  A. LIHEAP FY 2023
. Amount of funds obligated 0
V. LIHEAP Program Implementation and Support
or questions 1-7, please select Yes or No from the dropdown menu in column B. If the answer is yes, please explain what changes were were made in the space provided below each question.
. Since submitting your Grantee Plan, have you made any changes to your income eligibility requirements?
Provide a brief explaination here:
2. Since submitting your Grantee Plan, have you made any changes to your income verification/documentation equirements?
Provide a brief explaination here:

3. Since submitting your Grantee Plan, have you made any changes to your outreach strategies?		
Describe a heist contain then have		
Provide a brief explaination here:		
1. Since submitting your Grantee Plan, have you made any changes to your benefit matrix and/or have you		
ncreased your crisis maximum amounts?		
Provide a brief explaination here:		
5. Since submitting your Grantee Plan, have you made any changes to how you are prioritizing vulnerable populations (i.e., the elderly, disabled, and young children)?		
Provide a brief explaination here:		
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5. Since submitting your Grantee Plan, have you made any other changes to your policies on arrearage		
orgiveness?		
Provide a brief explaination here:		
7. Since submitting your Grantee Plan, have you made any other changes to your LIHEAP policies?	1	
. Since submitting your Grantee Flan, have you made any other changes to your Linear policies:		
Provide a brief explaination here:		
8. Are you collaborating or coordinating with other utility assistance programs (i.e., the Emergency Rental Assist	ance Program, Community	
assisted programs, Homeowners Assistance Fund)? If so, please provide a brief explanation of your colloboration	i/coordination eπorts.	
Response:		
P. Do you have any challenges or training and/or technical assistance needs that you would like the Office of Co	mmunity Services' Division	
so, please list these in the response.		
Response:		
10. Please provide a quote on the impact of LIHEAP from a member of a LIHEAP household.		
to. Thease provide a quote of the impact of Elitzar from a frember of a Elitzar flousehold.		
Response:		
V. Remarks		
Enter any explanation needed regarding the reliability and/or validity of the above-reported data.		
i. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.		
Response:		

fication: By signing this report, I certify that it is to ect me to criminal, civil, or administrative penaltie	rue, complete, and accurate to the best of my knowledge. I am aware that any fal es. (U.S. Code, Title 18, Section 1001)
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## Low Income Home Energy Assistance Program Quarte and Management Form

Recipient Information		
Recipient Name:		
Contact Name:		
Contact Phone Number:		
Contact Email:		
Third Quarterly Performance and Ma	nagement Report (April 1	
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I. Total Households Assisted		
	A. Total Households Q3	
1. Number of assisted households		
II. Performance Management		
	A. Total Occurrences Q3	
1. Number of Occurences of households where LIHEAP prevented the loss of home energy		
2. Number of Occurences of households where LIHEAP restored home energy.		
III. Estimated Uses of LIHEAP Funds		
	Obligations by LIHEA applic	
	A. LIHEAP FY 2023 Non-Supplemental	
1. Amount of funds obligated	0	
IV. LIHEAP Program Implementation and Support		
1. Since reporting in Q 1 $\&$ 2, have you made any new/other changes to your income eligibility	requirements?	
Provide a brief explaination here:		
2. Since reporting in Q 1 $\&$ 2, have you made any new/other changes to your income verificati requirements?	on/documentation	
Provide a brief explaination here:		
3. Since reporting in Q 1 & 2, have you made any new/other changes to your outreach strateg	ies?	
o. Since reporting in Q 1 & 2, have you made any new/other changes to your outreach strateg	100.	

Provide a brief explaination here:	
4. Since reporting in Q 1 & 2, have you made any new/other changes to your benefit matrix and/or have you	
increased your crisis maximum amounts?	
Provide a brief explaination here:	
5. Since reporting in Q 1 & 2, have you made any new/other changes to how you are prioritizing vulnerable	
populations (i.e., the elderly, disabled, and young children)?	
Provide a brief explaination here:	
6. Since reporting in Q 1 & 2, have you made any other new/other changes to your policies on arrearage	
forgiveness?	
Provide a brief explaination here:	
Trovide a brief explaination here.	
7. Since reporting in Q 1 & 2, have you made any other new/other changes to your LIHEAP policies?	
7. Since reporting in Q 1 & 2, have you made any other new/other changes to your linear policies:	
Provide a brief explaination here:	
Trovide a brief explaination here.	
8. Please provide any information on the results, if any, of the changes you reported in section IV for Quarters 1 and 2.	
b. Freude provide any minormalion on the results, in any, or the changes you reported in section in 167 quarters 1 and 2.	
Response:	
9. Are you starting or continuing to collaborate with other utility assistance programs (e.g., Emergency Rental Assistance Program), if so ple working and provide any examples of successful collaboration.	
Response:	
10. Please provide a quote on the impact of LIHEAP in your state/territory/tribe from a staff member, government official, or stakeholder.	
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	
subject me to criminal, 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:			_
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d. Date Signed:	_		

Expiration Date:	XX/XX/XXX5
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- June 30)	
P Funding Source (if able)	
B. {Reserved, if applicable} Other Supplemental Allotment	
Allotment	
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## Low Income Home Energy Assistance Program Quart and Management Form

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Recipient Information		
Recipient Name:		
Contact Name:		
Contact Phone Number:		
Contact Email:		
Fourth Quarterly Performance and Managem	ent Report (July 1-	
	. ,	
I. Total Households Assisted		
	A. Total Households Q4	
1. Number of assisted households		
II. Performance Management		
	A. Total Occurrences Q4	
1. Number of Occurences of households where LIHEAP prevented the loss of home energy		
2. Number of Occurences of households where LIHEAP restored home energy.		
III. Estimated Uses of LIHEAP Funds		
	Obligations by LIHE appl	
	A. LIHEAP FY 2023 Non-Supplemental	
1. Amount of funds obligated	0	
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IV. LIHEAP Program Implementation and Support		
11. En 12. a 1 10gram implementation and support		
1. If you made any changes to your income eligibility requirements this fiscal year, what was the result	of those changes?	
Provide a brief explaination here:		
2. If you made any changes to your income verification/documentation requirements this fiscal year, w	hat was the result of those chang	
Provide a brief explaination here:		
3. If you made any changes to your outreach strategies this fiscal year, what was the result of those ch	anges?	
Provide a brief explaination here:		
4. If you made any changes to your benefit matrix and/or your crisis maximum amounts this fiscal year	, what was the result of those cha	

Provide a brief explaination nere:	
5. If you made any changes to how you are prioritizing vulnerable populations (i.e., the elderly, disabled, and young children) this fiscal y	
Provide a brief explaination here:	
Provide a brief explaination here:	
6. If you made any changes to your policies on arrearage forgiveness this fiscal year, what was the result of those changes?	
Provide a brief explaination here:	
7. If you made any changes to your other LIHEAP policies this fiscal year, what was the result of those changes?	
Provide a brief explaination here:	
8. Describe up to three notable accomplishments/successes achieved by LIHEAP implementation during this fiscal year. Please include a	
Response:	
9. Describe any challenges with administering LIHEAP this year.	
Response:	
nesponse.	
10. Please list and describe up to three lessons learned during this past year as it relates to administering LIHEAP.	
Response:	
11. What can OCS do to better assist you in the upcoming fiscal year?	
11. What can OCS do to better assist you in the upcoming liscal year?	
Response:	
12. Please provide a quote on the impact of LIHEAP from a utility provider.	
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 an subject me to criminal, 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:

Expiration Date: XX/XX/XXX5	
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September 30)	
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B. {Reserved, if applicable} Other Supplemental Allotment	
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participant success story, if applicable.
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