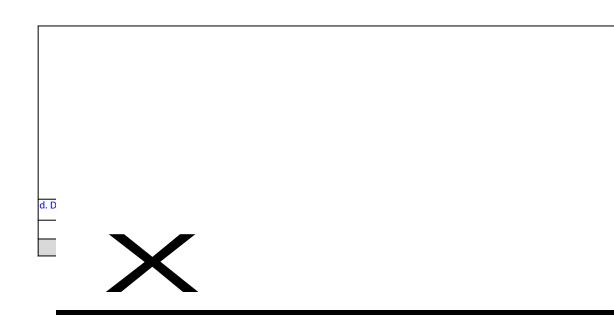
Low Income Household Water Assistance Program Q Management Form

•	
	Recipient Information
Recipient Name:	
Contact Name:	
Contact Phone Number:	
Contact Email:	
First Quarterly Performance a	and Management Report (Octo
Thos quarterly i errormanos	
I. Total Households Assisted	
i. Total Housellolus Assisteu	
	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	·
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 with?	entered into an agreement
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?	Yes _
or nave you began to decept applications for Emitty in .	
	1
4. If you have not begun to accept applications for LIHWAP, please explain why below	w
Response:	
E. If you have started according applications bear all areas of your start.	tviho hogun implementation? If you have building
If you have started accepting applications, have all areas of your state, territory or which areas have not begun accepting applications and why.	tribe begun implementation? If no, please briefly expl

Response:	
6. If applicable, have you executed agreements with all of your subrecipients? If no, please explain.	
Response:	
перине.	
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.	
2. Second dry chancings with 21.77% 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?	
4. Do you have any training and/or technical assistance needs that you would like the Office of community services to office support for.	
D	
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:	
c. Signature of Authorized Official:	



uarterly	Performa	ance and	
ber 1- Dece	mber 31)		
B. Multiple Water Services	C. Other Water Services	уре	
0	0		
0	0		
0	0		
Date started?	Is :	lesenses datas data	
Date starteu:	No 🗆	Estimated start date for accepting applications?	
ain your approach/pla	an for getting to full im	plementation, including	

ipant success story, if applicable.	
e, fictitious, or fraudulent information may subject me to criminal,	
e, netitious, or traudulent information may subject me to criminal,	
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Low Income Household Water Assistance Program Qu Management Form

Recipient Infor	mation
Recipient Name:	
Contact Name:	
Contact Phone Number:	
Contact Email:	
Second Quarterly Performance and Manage	ement Report (Ja
Control Quantities, Control and Control	
I. Total Households Assisted	
	A. Total Households Q2
	A. Total Households Q2
1. Unduplicated number of households assisted	
II. Assistance Provided by Service Type	
iii. Assistance i Tovidea by service Type	Nui
Type of LIHWAP assistance for households	A. Water or Wastewater
Restoration of services Prevention of disconnection of services	0
3. Reduction of rates charged	0
f 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	t
with? 2. If you have not entered into a vendor agreement with all vendors, please describe the barriers to execution be	elow.
Response:	
ACSPOINC.	
3. Have you begun to accept applications for LIHWAP?	Yes
4. If you have not begun to accept applications for LIHWAP, please explain why below.	
Response:	
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5. If you have started accepting applications, have all areas of your state, territory or tribe begun implementation which areas have not begun accepting applications and why	ក : IT no, please briefly explain y

Response:	
6. If applicable, have you executed agreements with all of your subrecipients? If no, please explain.	
Response:	
DV D (
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:	
nesponse.	
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:	
nesponse.	
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, ficivil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
a. Name of Authorized Official:	
b. Title of Authorized Official:	
b. Title of Authorized Official:	
b. Title of Authorized Official: c. Signature of Authorized Official:	

d. Date

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nuary 1- Ma	rch 31)		-
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Takal Camada Kar			
3 Total Cumulative Households			
	0		4
	seholds by Service T	уре	
3. Multiple Water Services	C. Other Water Services		
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)	0		
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Date started?	No	Estimated start date for accepting applications?	
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			-
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our approach/plan fo	or getting to full impl	ementation, including	

t success story, if applicable.	
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ctitious, or fraudulent information may subject me to criminal,	

OMB Control No. 0970-0578 Low Income Household Water Assistance Program Q **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 2. Prevention of disconnection of services 3. Reduction of rates charged *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 1. Are there any changes in your agreements with water vendors from the previous quarters? Please explain any Yes 🖂 changes below. Response: Yes 2. Are there any changes to which portions of your service area are accepting applications and implementing 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.

IV. Performance Management

Response:

Describe up to three notable accomplishments achieved by LIHWAP during the implementation period, including include a participant success story, if applicable.	any innovative approach
Response:	
2. Describe any challenges with LIHWAP implementation during the reporting period.	
Response:	
2. And the good different content and cont	
Are there additional unmet water and wastewater needs in your service area? If yes, please describe. Response:	
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?
	to offer support for:
Response:	
V. Use of Funds	
	A. Consolidated Appropriation Act,
	2021 Funding
1. Funding obligated to date for the Fiscal Year	
VI. Remarks	
Enter any explanation needed regarding the reliability and/or validity of the above-reported data.	
Response:	
nesponse.	
VIII. Cont. Cont.	
VII. Certification Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I	am avvers that any false
or administrative penalties. (U.S. Code, Title 18, Section 1001)	aili aware that any laise,
a. Name of Authorized Official:	
b. Title of Authorized Official:	
c. Signature of Authorized Official:	

d. Date Signed

uarterly Pe				
(April 1 - June 3	0)			
B. Total Cumulative Households				
Number of assisted househ B. Multiple Water Services	C. Other Water			
0 0	Services 0 0 0			
No 🗌				
No				

	nto place during the re	porting period. Please	
Actual Obligate	d Funds		
B. American Rescue Act.	C. Reserve for		
2021 Funding	Possible Future		
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fictitious, or fraudulent info	ormation may subject I	me to criminal, civil,	
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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 Νu Type of LIHWAP assistance for households A. Water or Wastewater 1. Restoration of services 2. Prevention of disconnection of services 3. Reduction of rates charged *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 Yes _ 1. Are there any changes in your agreements with water vendors from the previous quarter? Please explain any changes below. 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. Response:

IV. Performance Management

Describe up to three notable accomplishments achieved by LIHWAP during the implementation period, including ar Please include a participant success story, if applicable.	ny innovative approaches	
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. Use of Funds		
Funding obligated to date for the Fiscal Year	A. Consolidated Appropriation Act, 2021 Funding	
1. Turiding obligated to date for the risearreal		
VI. Remarks		
Enter any explanation needed regarding the reliability and/or validity of the above-reported data.		
Response:		
VII. Certification		
Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	am aware that any false,	
a. Name of Authorized Official:		
b. Title of Authorized Official:		
c. Signature of Authorized Official:		

d. Date Si		
V		

ıarterly	Performance and	
		-
y 1 - Septen	nber 30)	-
, = ===================================		
B. Total Cumulative Households	0	
ımber of assisted ho	useholds by Service Type	
B. Multiple Water Services	C. Other Water Services	
0	0	
0	0	
		1
No		
No	If no, please explain	
No		_
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or policies that were put into place during the reporting period.		
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	l I	
Actual Obligated Funds	1	
B. American Rescue C. Reserve for		
Act, 2021 Funding Possible Future		
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necessary or transmission may subject me to chilling,		
]	
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