## Low Income Household Water Assistance Program Q Management Form

Re	ecipient Information
Recipient Name:	•
Contact Name:	
Contact Phone Number:	
Contact Email:	
First Quarterly Performance an	d Management Report (Octo
-	
I. Total Households Assisted	
	A. Total Households Q1
1. Unduplicated number of households assisted	
II. Assistance Provided by Service Type	
, to to take a by octation type	l N
Type of LIHWAP assistance for households	A. Water or Wastewater
1. Restoration of services	o
2. Prevention of disconnection of services	0
3. Reduction of rates charged	0
*If other services were paid for with LIHWAP funds, please explain	<u> </u>
III. Performance Management	
Describe up to three notable accomplishments achieved by LIHWAP during the implementable include a participant success story, if applicable.	entation period, including any innovative approache
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, p	olease describe.
Response:	vedse describe.
4. Do you have any training and/or technical assistance needs that you would like the O	Office of Community Services to offer support for?

Response:	
IV. Use of Funds	
17. Osc 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. civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	I am aware that any fals
a. Name of Authorized Official:	
	_
b. Title of Authorized Official:	
c. Signature of Authorized Official:	
d. D	

uarterly	Performa	nce and		
ber 1- Decer	mber 31)			
umber of assisted bo	useholds by Service Ty	ne		
B. Multiple Water Services	C. Other Water Services			
0	0			
0	0			
0	0			
			ı	
s or policies that were	e put into place during	the reporting period		
o o poneios anac no.	s par mes piass aumo	and repertung periodi		

Actual Oblig	ated Funds	
B. American Rescue Act, 2021 Funding	C. Reserve for Possible Future	
e, fictitious, or fraudule	ent information may s	ubject 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 Perform	ance and Management Report (Ja
I. Total Households Assisted	
	A. Total Households Q2
1. Unduplicated number of households assisted	
II. Assistance Provided by Service Type	
Time of HINMAD assistance for household-	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. Performance Management	
<ol> <li>Describe up to three notable accomplishments achieved by LIHWAP during the in Please include a participant success story, if applicable.</li> </ol>	mplementation period, including any innovative approaches
Response:	
2. Describe any challenges with LIHWAP implementation during the reporting perio	od.
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 t	he 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	Lancacca that and Clark
Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	। am aware that any false, fi
a. Name of Authorized Official:	
b. Title of Authorized Official:	
c. Signature of Authorized Official:	
o signature of Madionized official.	
d. Date Signed:	
u. Date Signed.	
<b>^</b>	

arterly P	Performa	nce and	
nuary 1- Ma	rch 31)		
B Total Cumulative Households	D		
mber of assisted hous  B. Multiple Water Services  0  0	ceholds by Service Type C. Other Water Services 0 0		
or policies that were	put into place during th	no reporting period	
or policies that were	put into piace during ii	ic reporting period.	

Actual Obligat	ted Funds	
B. American Rescue Act, 2021 Funding	C. Reserve for Possible Future	
ctitious, or fraudulent	information may sub	oject me to criminal,
	-	
	-	

## Low Income Household Water Assistance Program Q Management Form

Recipient Information		
Recipient Name:		
Contact Name:		
Contact Phone Number:		
Contact Email:		
Third Quarterly Per	formance and Management Re	nort
Tima Quarterly Fer	Torridance and Planagement Re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
I. Total Households Assisted		
	A. Total Househ	olds O3
	A. Total Housell	
1. Unduplicated number of households assisted		
II. Assistance Provided by Service Type		
Type of LIHWAP assistance for households	A. Water or	
Type of Littwar assistance for nousenolus	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		
<ol> <li>Describe up to three notable accomplishments achieved by LIHWAP during include a participant success story, if applicable.</li> </ol>	g the implementation period, including any innovative a	approach
Response:		
Describe any challenges with LIHWAP implementation during the reporting	g period.	
Response:		
3. Are there additional unmet water and wastewater needs in your service ar	rea? If yes, please describe.	
Response:	ca. II yes, please describe.	
,		
4. Do you have any training and/or technical assistance needs that you would	l like the Office of Community Services to offer support	for?
Response:		
<u> </u>		

IV. Use of Funds	
	A. Consolidated Appropriation Act, 2021 Funding
1. Funding obligated to date for the Fiscal Year	
V. Remarks	
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 know or administrative penalties. (U.S. Code, Title 18, Section 1001)	vledge. I am aware that any false
a. Name of Authorized Official:	
b. Title of Authorized Official:	
c. Signature of Authorized Official:	
<b>×</b>	
d. Date Signed:	

luarterly Pe	erforman	ce and	
(April 1 - June 3	30)		
B. Total Cumulative Households			
0	)		
Number of assisted househ	acids by Sanisa Typa		
B. Multiple Water Services			I
B. Manple Water Services	Services		
0	0		
0	0		
0	0		
es or policies that were put	into place during the re	porting period. Please	
			-

Actual Obligate		
B. American Rescue Act, 2021 Funding	C. Reserve for Possible Future	
fictitious, or fraudulent info	ormation may subject	me to criminal, civil,

## Low Income Household Water Assistance Program Qu Management Form

5. Please list and describe up to three lessons learned during the first year of LIHWAP implementation.	
Response:	
IV. Use of Funds	
iv. Ose of Fullus	
	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. civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	I am aware that any false,
a. Name of Authorized Official:	
b. Title of Authorized Official:	
c. Signature of Authorized Official:	
d. Date Signed:	
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ıarterly I	Performar	nce and		
v 1 Conton	ahar 20)			
y 1 - Septem	iber 30)			
B. Total Cumulative Households				
	0			
mber of assisted hou B. Multiple Water Services	c. Other Water Services			
0 0	0 0			
es or policies that wer	re put into place during t	ne reporting period.		

Actual Obliga		
B. American Rescue Act, 2021 Funding	C. Reserve for Possible Future	
Act, 2021 Fulluling	rossible rutule	
fictitious, or fraudulen	t information may sub	ject me to criminal,