Low Income Household Water Assistance Program Q Management Form

	Recipient Information	on
Recipient Name:		
Contact Name:		
Contact Phone Number:		
Contact Email:		
First Quarterly Perform	mance and Management Re	enort (Octo
Thist Quarterly I critisi	marice and Management Ne	.port (Octo
L Takal Hassach alda Assâska d		
I. Total Households Assisted		
	A. To Q1	otal Households
1. Unduplicated number of households assisted		
II. Assistance Provided by Service Type		
- (111111		N
Type of LIHWAP assistance for households		Nater or stewater
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. Performance Management		
Describe up to three notable accomplishments achieved by LIHWAP du Please include a participant success story, if applicable.	ring the implementation period, including any in	novative approache
Response:		
Describe any challenges with LIHWAP implementation during the rep	porting period	
Response:	Jording period.	
response.		
O Aug About additional company with the second of the seco	2 If you who are the second	
Are there additional unmet water or wastewater needs in your service Response:	ce area: it yes, piease describe.	
response.		
4. Do you have any training and/or technical assistance needs that you	would like the Office of Community Services to o	ffer support for?

Response:	
IV. Use of Funds	
17. Osc of Failus	
	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 and 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:	<u> </u>
Contact Name:	
Contact Phone Number:	
Contact Email:	
Second Quarterly Perfor	rmance and Management Report (Ja
Second Quarterly Ferror	marice and Mariagement Report (sa
I. Total Households Assisted	
	A. Total Households Q2
1. Unduplicated number of households assisted	
II. Assistance Provided by Service Type	
Type of HUWAP assistance for households	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 Dorformanco Managomont	
III. Performance Management 1. Describe up to three notable accomplishments achieved by LIHWAP during Please include a participant success story, if applicable.	the implementation period, including any innovative approaches
Response:	
Describe any challenges with LIHWAP implementation during the reporting	period.
Response:	
3. Are there additional unmet water and wastewater needs in your service are	ea? 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 knowle civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	dge. I am aware that any false, fi
a. Name of Authorized Official:	
b. Title of Authorized Official:	
c. Signature of Authorized Official:	
d. Date Signed:	
X	

arterly P	Performar	nce and	
nuary 1- Ma	rch 31)		
B Total Cumulative Households	D.		
nber 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	e reporting period.	

Actual Obligat	ted Funds	
B. American Rescue Act, 2021 Funding	C. Reserve for Possible Future	
ctitious, or fraudulent	information may sub	ject me to criminal,
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Low Income Household Water Assistance Program Q Management Form

	Paciniant Information	
Recipient Information		
Recipient Name:		
Contact Name:		
Contact Phone Number:		
Contact Email:		
Third Quarterly Perform	nance and Management Report	
I. Total Households Assisted		
	A. Total Households Q3	
Unduplicated number of households assisted		
II. Assistance Provided by Service Type		
, assessment fortuna by solving 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	•	
III. Performance Management		
 Describe up to three notable accomplishments achieved by LIHWAP during the impinclude a participant success story, if applicable. 	plementation period, including any innovative approach	
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 ye	es, please describe.	
Response:		
4. Do you have any training and/or technical assistance needs that you would like the	e 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	
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 knowledg or administrative penalties. (U.S. Code, Title 18, Section 1001)	e. I am aware that any false
a. Name of Authorized Official:	
b. Title of Authorized Official:	
c. Signature of Authorized Official:	
×	
d. Date Signed:	

luarterly Pe	erforman	ce and	
(April 1 - June 3	80)		
B. Total Cumulative Households			
Number of assisted househ	olds by Service Type		
B. Multiple Water Services			
0	0		
0	0		
0	0		
es or policies that were put	into place during the re	porting period. Please	

Actual Obligated Funds				
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 in	mplementation.
Response:	
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-regarding the reliability and/or validity and/or validity of the above-regarding the reliability and the re	eported data.
Response:	
VI. Certification	
Certification: By signing this report, I certify that it is true, complete, and accurate to civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	the best of my knowledge. I am aware that any false,
a. Name of Authorized Official:	
b. Title of Authorized Official:	
c. Signature of Authorized Official:	
c. Signature of Authorized Official.	
\mathbf{X}	
-	
d. Date Signed:	
<u> </u>	

ıarterly	Performar	nce and		
y 1 - Septer	mber 30)			
D. Takal Commission				
B. Total Cumulative Households	0			
umbor of assisted by	wischolds by Samiles Time			
B. Multiple Water Services	C. Other Water Services			
0	0			
es or policies that we	ere put into place during t	he reporting period.		

Actual Obliga	ated Funds	
B. American Rescue	C. Reserve for	
Act, 2021 Funding	Possible Future	
fictitious, or fraudulen	nt information may sub	iect me to criminal.
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