

# Low Income Household Water Assistance Program Quarterly Management Form

## Recipient Information

Recipient Name:

Contact Name:

Contact Phone Number:

Contact Email:

## First Quarterly Performance and Management Report (October 1 - December 31, 2020)

### I. Total Households Assisted

	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*

Response:

### III. Performance Management

Describe up to three notable accomplishments achieved by LIHWAP during the implementation period, including any innovative approaches. Please include a participant success story, if applicable.

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, 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 knowledge. I am aware that any falsification, 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. D





Expiration Date: XXXXXX

# Quarterly Performance and

ber 1- December 31)

## Number of assisted households by Service Type

B. Multiple Water Services	C. Other Water Services	
0	0	
0	0	
0	0	

is or policies that were put into place during the reporting period.





# Low Income Household Water Assistance Program Quarterly Management Form

## Recipient Information

Recipient Name:

Contact Name:

Contact Phone Number:

Contact Email:

## Second Quarterly Performance and Management Report (January)

### I. Total Households Assisted

	A. Total Households Q2
1. Unduplicated number of households assisted	

### II. Assistance Provided by Service Type

	Number
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

1. Describe up to three notable accomplishments achieved by LIHWAP during the implementation period, including any innovative approaches. Please include a participant success story, if applicable.

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:

**IV. Use of Funds**

	<b>A. Consolidated Appropriation Act, 2021 Funding</b>
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. I am aware that any false, fi 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:

**X**





Expiration Date: XXXXXX

# Quarterly Performance and

January 1- March 31)

**B Total Cumulative Households**

0

Number of assisted households by Service Type

**B. Multiple Water Services**

**C. Other Water Services**

0

0

0

0

0

0

or policies that were put into place during the reporting period.



# Low Income Household Water Assistance Program Q3 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	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

1. Describe up to three notable accomplishments achieved by LIHWAP during the implementation period, including any innovative approach or include a participant success story, if applicable.

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:

**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 knowledge. I am aware that any false, 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: XXXXXX

# Quarterly Performance and

(April 1 - June 30)

B. Total Cumulative Households

0

Number of assisted households by Service Type

B. Multiple Water Services	C. Other Water Services
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0	0
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0	0
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0	0
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es or policies that were put into place during the reporting period. Please



# Low Income Household Water Assistance Program Quarterly 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

	Nu
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

1. Describe up to three notable accomplishments achieved by LIHWAP during the implementation period, including any innovative approaches. Please include a participant success story, if applicable.

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:

#### 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 knowledge. I am aware that any false, 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:

X

d. Date Signed:



Expiration Date: XXXXXX

# Quarterly Performance and

Year 1 - September 30)

<b>B. Total Cumulative Households</b>	
0	

**Number of assisted households by Service Type**

<b>B. Multiple Water Services</b>	<b>C. Other Water Services</b>	
0	0	
0	0	
0	0	

... or policies that were put into place during the reporting period.


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**Actual Obligated Funds**

B. American Rescue Act, 2021 Funding	C. Reserve for Possible Future	

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[fictitious, or fraudulent information may subject me to criminal,](#)

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