

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)

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	
2. Prevention of disconnection of services	
3. Reduction of rates charged	

**If other services were paid for with LIHWAP funds, please explain*

Response:

III. LIHWAP Implementation Information

Please attach vendor list to the report, see instructions	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 with?	
2. Are you still accepting applications for LIHWAP?	Yes <input type="checkbox"/>

IV. 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:

5. Please list and describe up to three lessons learned during the third year of LIHWAP implementation.

Response:

V. Use of Funds

	A. Consolidated Appropriation Act, 2021 Funding
1. Funding obligated to date for the Fiscal Year	

VI. Remarks

1. 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 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:

d. D



X

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	

No

If no, please explain:

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

--

--

--

--

--

--

--

Actual Obligated Funds

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

--

--

--

e, fictitious, or fraudulent information may subject me to criminal,

--

--



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 - March)

I. Total Households Assisted

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

II. Assistance Provided by Service Type

	Nur
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

	A. Number of Water Vendors
Please attach vendor list to the report, see instructions	
1. Of the water vendors in your state, territory or tribe, how many vendors have you entered into an agreement with?	
2. Are you still accepting applications for LIHWAP?	Yes <input type="checkbox"/>

IV. 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 third year of LIHWAP implementation.

Response:

V. Use of Funds

	A. Consolidated Appropriation Act, 2021 Funding
1. Funding obligated to date for the Fiscal Year	

VI. Remarks

1. 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 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:

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

No

If no, please explain:

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

Actual Obligated Funds

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

--

--

--

ctitious, or fraudulent information may subject me to criminal,

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--