

Low Income Home Energy Assistance Program Quarterly Performance and 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. Number of assisted households	
2. Number of assisted households during the same period last year	

II. Performance Management

	A. Total Occurrences Q1
1. Number of Occurrences of households where LIHEAP prevented the loss of home energy. -	
2. Number of Occurrences of households where LIHEAP restored home energy.	

III. Estimated Use of LIHEAP Funds

	Obligations by LIHEAP applicable
	A. LIHEAP FY 2023 Non-Supplemental
1. Amount of funds obligated	0

IV. LIHEAP Program Implementation and Support

For questions 1-7, please select Yes or No from the dropdown menu in column B. If the answer is yes, please explain what changes were made in the space provided below each question.

1. Since submitting your Grantee Plan, have you made any changes to your income eligibility requirements?	
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Provide a brief explanation here:

2. Since submitting your Grantee Plan, have you made any changes to your income verification/documentation requirements?	
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Provide a brief explanation here:

3. Since submitting your Grantee Plan, have you made any changes to your outreach strategies?	
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Provide a brief explanation here:	
4. Since submitting your Grantee Plan, have you made any changes to your benefit matrix and/or have you increased your crisis maximum amounts?	
Provide a brief explanation here:	
5. Since submitting your Grantee Plan, have you made any changes to how you are prioritizing vulnerable populations (i.e., the elderly, disabled, and young children)?	
Provide a brief explanation here:	
6. Since submitting your Grantee Plan, have you made any other changes to your policies on arrearage forgiveness?	
Provide a brief explanation here:	
7. Since submitting your Grantee Plan, have you made any other changes to your LIHEAP policies?	
Provide a brief explanation here:	
8. Are you collaborating or coordinating with other utility assistance programs (i.e., the Emergency Rental Assistance Program, Community assisted programs, Homeowners Assistance Fund)? If so, please provide a brief explanation of your collaboration/coordination efforts.	
Response:	
9. Do you have any challenges or training and/or technical assistance needs that you would like the Office of Community Services' Division so, please list these in the response.	
Response:	
10. Please provide a quote on the impact of LIHEAP from a member of a LIHEAP household.	
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 subject me to criminal, 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: XX/XX/XXX5

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1- Dec 31)

P Funding Source (if able)	
B. {Reserved, if applicable} Other Supplemental Allotment	
0	

made, when they were made, and why they

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Low Income Home Energy Assistance Program Quarterly Performance and Management Form	
Recipient Information	
Recipient Name:	
Contact Name:	
Contact Phone Number:	
Contact Email:	
First Quarterly Performance and Management Report (January 1 - March 31, 2023)	
I. Total Households Assisted	
	A. Total Households Q2
1. Number of assisted households	
2. Number of assisted households during the same period last year	
II. Performance Management	
	A. Total Occurrences Q2
1. Number of Occurrences of households where LIHEAP prevented the loss of home energy. -	
2. Number of Occurrences of households where LIHEAP restored home energy.	
III. Estimated Use of LIHEAP Funds	
	Obligations by LIHEAP applicable to the grant
	A. LIHEAP FY 2023 Non-Supplemental
1. Amount of funds obligated	0
IV. LIHEAP Program Implementation and Support	
For questions 1-7, please select Yes or No from the dropdown menu in column B. If the answer is yes, please explain what changes were made in the space provided below each question.	
1. Since submitting your Grantee Plan, have you made any changes to your income eligibility requirements?	
Provide a brief explanation here:	
2. Since submitting your Grantee Plan, have you made any changes to your income verification/documentation requirements?	
Provide a brief explanation here:	

3. Since submitting your Grantee Plan, have you made any changes to your outreach strategies?	
Provide a brief explanation here:	
4. Since submitting your Grantee Plan, have you made any changes to your benefit matrix and/or have you increased your crisis maximum amounts?	
Provide a brief explanation here:	
5. Since submitting your Grantee Plan, have you made any changes to how you are prioritizing vulnerable populations (i.e., the elderly, disabled, and young children)?	
Provide a brief explanation here:	
6. Since submitting your Grantee Plan, have you made any other changes to your policies on arrearage forgiveness?	
Provide a brief explanation here:	
7. Since submitting your Grantee Plan, have you made any other changes to your LIHEAP policies?	
Provide a brief explanation here:	
8. Are you collaborating or coordinating with other utility assistance programs (i.e., the Emergency Rental Assistance Program, Community assisted programs, Homeowners Assistance Fund)? If so, please provide a brief explanation of your collaboration/coordination efforts.	
Response:	
9. Do you have any challenges or training and/or technical assistance needs that you would like the Office of Community Services' Division so, please list these in the response.	
Response:	
10. Please provide a quote on the impact of LIHEAP from a member of a LIHEAP household.	
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 subject me to criminal, 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: XX/XX/XXX5

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l- March 31)

P Funding Source (if able)	
B. {Reserved, if applicable} Other Supplemental Allotment	
0	

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Low Income Home Energy Assistance Program Quarterly Performance and Management Form

Recipient Information	
Recipient Name:	
Contact Name:	
Contact Phone Number:	
Contact Email:	

Third Quarterly Performance and Management Report (April 1 - June 30, 2023)

I. Total Households Assisted

	A. Total Households Q3
1. Number of assisted households	

II. Performance Management

	A. Total Occurrences Q3
1. Number of Occurrences of households where LIHEAP prevented the loss of home energy. -	
2. Number of Occurrences of households where LIHEAP restored home energy.	

III. Estimated Uses of LIHEAP Funds

	Obligations by LIHEAP FY 2023 Non-Supplemental
1. Amount of funds obligated	0

IV. LIHEAP Program Implementation and Support

1. Since reporting in Q 1 & 2, have you made any new/other changes to your income eligibility requirements?	
Provide a brief explanation here:	
2. Since reporting in Q 1 & 2, have you made any new/other changes to your income verification/documentation requirements?	
Provide a brief explanation here:	
3. Since reporting in Q 1 & 2, have you made any new/other changes to your outreach strategies?	

Provide a brief explanation here:

4. Since reporting in Q 1 & 2, have you made any new/other changes to your benefit matrix and/or have you increased your crisis maximum amounts?	
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Provide a brief explanation here:

5. Since reporting in Q 1 & 2, have you made any new/other changes to how you are prioritizing vulnerable populations (i.e., the elderly, disabled, and young children)?	
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Provide a brief explanation here:

6. Since reporting in Q 1 & 2, have you made any other new/other changes to your policies on arrearage forgiveness?	
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Provide a brief explanation here:

7. Since reporting in Q 1 & 2, have you made any other new/other changes to your LIHEAP policies?	
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Provide a brief explanation here:

8. Please provide any information on the results, if any, of the changes you reported in section IV for Quarters 1 and 2.

Response:

9. Are you starting or continuing to collaborate with other utility assistance programs (e.g., Emergency Rental Assistance Program), if so please working and provide any examples of successful collaboration.

Response:

10. Please provide a quote on the impact of LIHEAP in your state/territory/tribe from a staff member, government official, or stakeholder.

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 falsify subject me to criminal, 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: XX/XX/XXX5|

Early Performance

[- June 30)

IP Funding Source (if applicable)	
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B. {Reserved, if applicable} Other Supplemental Allotment	
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Low Income Home Energy Assistance Program Quarterly Performance and Management Form	
Recipient Information	
Recipient Name:	
Contact Name:	
Contact Phone Number:	
Contact Email:	
Fourth Quarterly Performance and Management Report (July 1-September 30, 2023)	
I. Total Households Assisted	
	A. Total Households Q4
1. Number of assisted households	
II. Performance Management	
	A. Total Occurrences Q4
1. Number of Occurrences of households where LIHEAP prevented the loss of home energy. -	
2. Number of Occurrences of households where LIHEAP restored home energy.	
III. Estimated Uses of LIHEAP Funds	
	Obligations by LIHEAP applicable to the fiscal year
	A. LIHEAP FY 2023 Non-Supplemental
1. Amount of funds obligated	0
IV. LIHEAP Program Implementation and Support	
1. If you made any changes to your income eligibility requirements this fiscal year, what was the result of those changes?	
Provide a brief explanation here:	
2. If you made any changes to your income verification/documentation requirements this fiscal year, what was the result of those changes?	
Provide a brief explanation here:	
3. If you made any changes to your outreach strategies this fiscal year, what was the result of those changes?	
Provide a brief explanation here:	
4. If you made any changes to your benefit matrix and/or your crisis maximum amounts this fiscal year, what was the result of those changes?	

Provide a brief explanation here:
5. If you made any changes to how you are prioritizing vulnerable populations (i.e., the elderly, disabled, and young children) this fiscal year
Provide a brief explanation here:
6. If you made any changes to your policies on arrearage forgiveness this fiscal year, what was the result of those changes?
Provide a brief explanation here:
7. If you made any changes to your other LIHEAP policies this fiscal year, what was the result of those changes?
Provide a brief explanation here:
8. Describe up to three notable accomplishments/successes achieved by LIHEAP implementation during this fiscal year. Please include a
Response:
9. Describe any challenges with administering LIHEAP this year.
Response:
10. Please list and describe up to three lessons learned during this past year as it relates to administering LIHEAP.
Response:
11. What can OCS do to better assist you in the upcoming fiscal year?
Response:
12. Please provide a quote on the impact of LIHEAP from a utility provider.
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 false statement subject me to criminal, 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: XX/XX/XXX5

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September 30)

AP Funding Source (if applicable)	
B. {Reserved, if applicable} Other Supplemental Allotment	
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ear, what was the result of those changes?

participant success story, if applicable.

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Yes

No