Low Income Home Energy Assistance Program Qua Management Report

Recipient Information

Recipient Name:

Contact Name:

Contact Phone Number:

Contact Email:

First Quarterly Performance and Management Report (C

I. Total Households Assisted

	A. Total Households Q1
1. Number of assisted households	

II. Performance Management

	A. Total Occurrences Q1
1. Number of Occurences of households where LUEAD revented the loss of home energy	
2. Number of Occurences of households wher LIHEAP restored home energy	
III. Estimated Use of LIHEAP Fu ds	obligations by Linux Tunc
	A. LIHEAP FY 2024 Allotment
1. Amount of funds obligated	

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, v below each question.

1. Since submitting your Grantee Plan, have you made any changes to your income eligibility requirements?	

Provide a brief explaination here:

2. Since submitting your Grantee Plan, have you made any changes to your income verification/documentation	
requirements?	

3. Since submitting your Grantee Plan, have you made any changes to your outreach strategies?	
	l

Provide a brief explaination 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 explaination 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 explaination here:

6. Since submitting your Grantee Plan, have you made any other changes to your policies on arrearage	
forgiveness?	

Provide a brief explaination here:

7. Since submitting your Grantee Plan, have you made any other changes to your LIHEAP policies?	

Provide a brief explaination here:

8. Are you collaborating or coordinating with other utility assistance programs (i.e., the Emergency Rental Assistance Program, Community Service Assistance Fund)? If so, please provide a brief explanation of your colloboration/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 of Ener

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 false, fictiti administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:

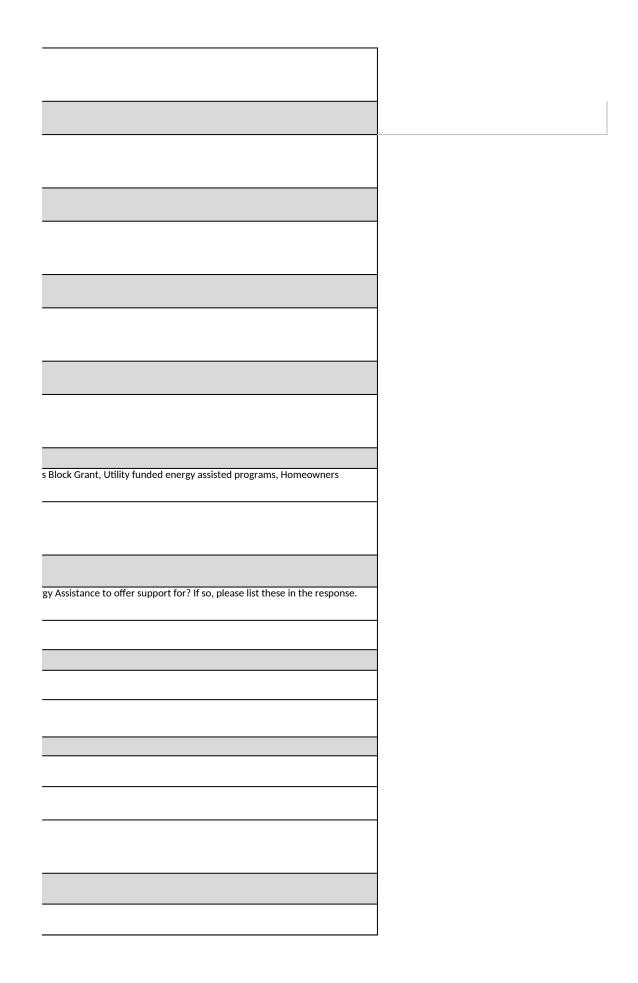
b. Title of Authorized Official:

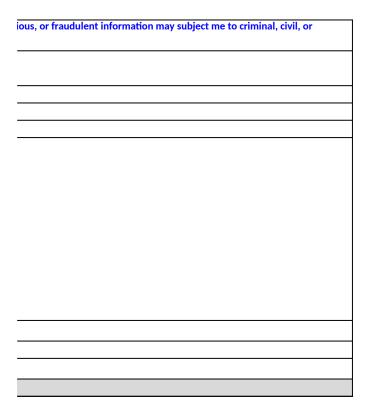
c. Signature of Authorized Official:

d. Date Signed:

Expiration Date: 10/31/2025

rterly Performance and
ctober 1- Dec 31)
ing Source (if applicable) 3. {Reserved, if applicable} Dther Supplemental Allotment
hen they were made, and why they were made in the space provided





Low Income Home Energy Assistance Program Qu Management Report

Recipient Information

Recipient Name:

Contact Name:

Contact Phone Number:

Contact Email:

First Quarterly Performance and Management Report (Ja

I. Total Households Assisted

	A. Total Households Q2
1. Number of assisted households	

II. Performance Management

	A. Total Occurrences Q2
1. Number of Occurences of households where LIHEAP prevented the loss of home energy	
2. Number of Occurences of households where hEAP restored home energy.	
III. Estimated Use of LIHEAP Fulls	Que gatie s by NEAP Er
	A. LIHEAP FY 2024
	Allotment
1. Amount of funds obligated	

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, each question.

1. Since submitting your Grantee Plan, have you made any changes to your income eligibility requirements?	

Provide a brief explaination here:

2. Since submitting your Grantee Plan, have you made any changes to your income verification/documentation	
requirements?	
	L

3. Since submitting your Grantee Plan, have you made any changes to your outreach strategies?	

Provide a brief explaination 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 explaination 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)?	l

Provide a brief explaination here:

6. Since submitting your Grantee Plan, have you made any other changes to your policies on arrearage	
forgiveness?	

Provide a brief explaination here:

7. Since submitting your Grantee Plan, have you made any other changes to your LIHEAP policies?	

Provide a brief explaination here:

8. Are you collaborating or coordinating with other utility assistance programs (i.e., the Emergency Rental Assistance Program, Community Servic Assistance Fund)? If so, please provide a brief explanation of your colloboration/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 of Ene

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.

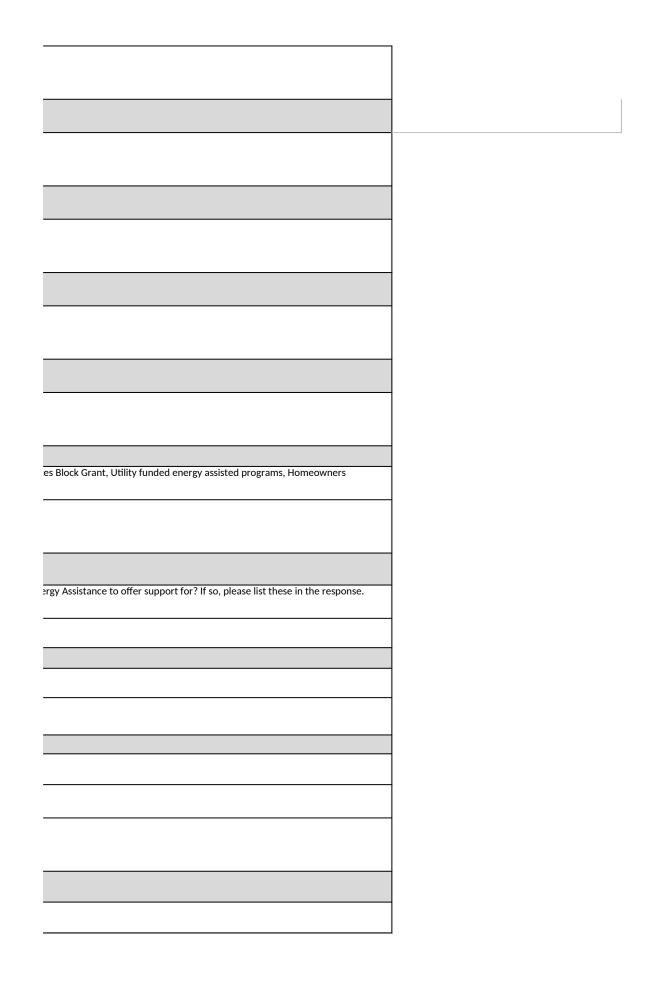
Response:

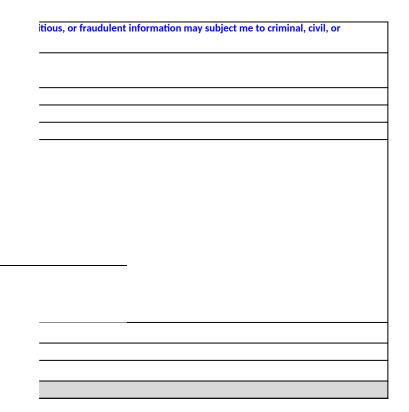
VI. Certification

a. Name of Authorized Official:	
o. Title of Authorized Official:	
c. Signature of Authorized Official:	
	X
1 Date Signed:	
d. Date Signed:	

Expiration Date: 10/31/2025

arterly Perfor	mance and
anuary 1- March 31)
nding Source (if applicable)	
B. {Reserved, if applicable} Other Supplemental Allotment	
when they were made, and why	they were made in the space provided below





Low Income Home Energy Assistance Program Qu Management Report

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. Number of assisted households

II. Performance Management

1. Number of Occurences of households where LIF AP prevented to coss of home errgy.	A. Total Occur Inces Q3
	Obligations by LIHEAP F
	A. LIHEAP FY 2024 Alltotment
1. Amount of funds obligated	
2. Amount of estimated unobligated funds through September 30th	

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 explaination here:

2. Since reporting in Q 1 & 2, have you made any new/other changes to your income verification/documentation	
requirements?	

3. Since reporting in Q 1 & 2, have you made any new/other changes to your outreach strategies?	
	l

Provide a	brief	expl	aina	tion	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?	

Provide a brief explaination 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)?	

Provide a brief explaination here:

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

7. Since reporting in Q 1 & 2, have you made any other new/other changes to your LIHEAP policies?	

Provide a brief explaination 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 in 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.

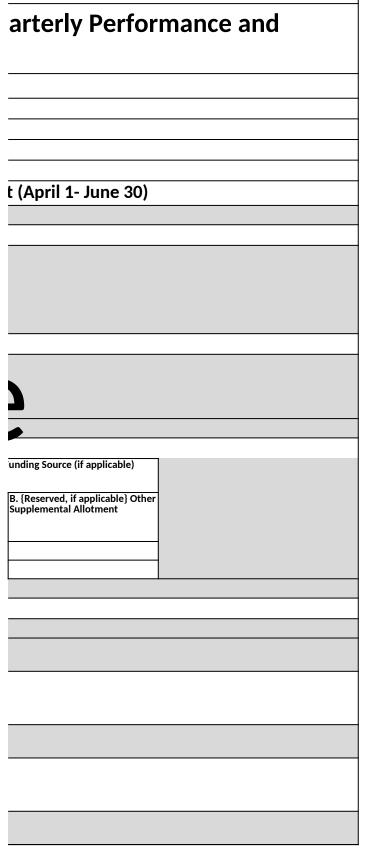
Response:

VI. Certification

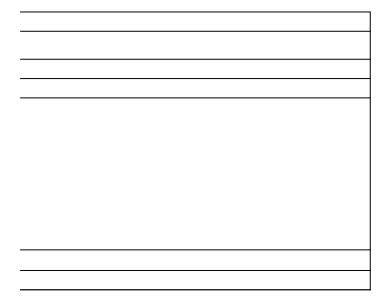
Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, ficti administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:			
b. Title of Authorized Official:			
c. Signature of Authorized Official:			
	\times		
d. Date Signed:			

Expiration Date: 10/31/2025



dicate how this collaboration is working and provide any examples of successful
itious, or fraudulent information may subject me to criminal, civil, or
itious, or fraudulent information may subject me to criminal, civil, or





Low Income Home Energy Assistance Program Quarterly Report

Recipient Information

Recipient Name:

Contact Name:

Contact Phone Number:

Contact Email:

Fourth Quarterly Performance and Management Report (

I. Total Households Assisted

	A. Total Households Q4
1. Number of assisted households	

II. Performance Management

		 A. Total C	urrences Q4
1. Number of Occurences of households whe	LIHEAP pretented are log or none en av.		
2. Number of Occurences of households whe	LIHEAP restor from energy		

III. Estimated Uses of LIHEAP Funds

Obligations by LIHEAP Fi

	A. LIHEAP Current Fiscal
	Year
1. Amount of funds obligated	

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 explaination 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 explaination here:

3. If you made any changes to your outreach strategies this fiscal year, what was the result of those changes?

Provide a brief explaination 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?

5. If you made any changes to how you are prioritizing vulnerable populations (i.e., the elderly, disabled, and young children) this fiscal year, what

Provide a brief explaination 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 explaination 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 explaination here:

8. Describe up to three notable accomplishments/successes achieved by LIHEAP implementation during this fiscal year. Please include a participa

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

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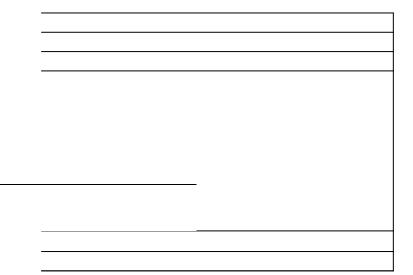
b. Title of Authorized Official:			
c. Signature of Authorized Official:			
-	\times		
d. Date Signed:			

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Expiration Date: 10/31/2025

Performance and Management		
July 1- September 30)		
unding Source (if applicable) B. {Reserved, if applicable} Other Supplemental Allotment		

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t was the result of those changes?	
Int success story, if applicable.	
tious, or fraudulent information may subject me to criminal, civil, or	



Yes No