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| Low Income Home Energy Assistance Program Quarterly 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 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 | |
| | 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 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:

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| 4. Since submitting your Grantee Plan, have you made any changes to your benefit matrix and/or have you increased your crisis maximum amounts? | |
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Provide a brief explanation here:

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| 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)? | |
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Provide a brief explanation here:

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

Provide a brief explanation here:

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|---|--|
| 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 Service 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 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, fictitious or fraudulent statements or omissions may result in the imposition of civil or criminal 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

Quarterly Performance and

October 1- Dec 31)

ing Source (if applicable)

B. {Reserved, if applicable}
Other Supplemental
Allotment

when they were made, and why they were made in the space provided

[illegible]

ious, or fraudulent information may subject me to criminal, civil, or

This image shows a blank sheet of white paper with horizontal ruling lines. There are five lines near the top, followed by a large central area without lines, and three more lines near the bottom. A solid gray rectangular bar runs along the very bottom edge of the page.

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| Low Income Home Energy Assistance Program Quarterly Management Report | |
| Recipient Information | |
| Recipient Name: | |
| Contact Name: | |
| Contact Phone Number: | |
| Contact Email: | |
| First Quarterly Performance and Management Report (January to March) | |
| I. Total Households Assisted | |
| | A. Total Households Q2 |
| 1. Number of assisted households | |
| 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 | |
| | 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 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:

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| 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:

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|---|--|
| 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 Service 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 of Enc |
|---|

Response:

| |
|---|
| 10. Please provide a quote on the impact of LIHEAP from a member of a LIHEAP household. |
|---|

Response:

V. Remarks

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| 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, fictitious or fraudulent statements or omissions may result in the imposition of civil or criminal 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: 10/31/2025

arterly Performance and

January 1- March 31)

pending Source (if applicable)

B. {Reserved, if applicable}
Other Supplemental
Allotment

when they were made, and why they were made in the space provided below

[illegible]

itious, or fraudulent information may subject me to criminal, civil, or

[illegible]

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|--|-----------------------------|
| Low Income Home Energy Assistance Program Quarterly 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 | |
| | A. Total Occurrences Q3 |
| 1. Number of Occurrences of households where LIHEAP prevented loss of home energy. | |
| III. Estimated Uses of LIHEAP Funds | |
| | Obligations by LIHEAP F |
| | A. LIHEAP FY 2024 Allotment |
| 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 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? | |
| 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)? | |
| 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? | |
| Provide a brief explanation here: | |
| | |
| 7. Since reporting in Q 1 & 2, have you made any other new/other changes to your LIHEAP policies? | |
| Provide a brief explanation here: | |
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| 8. Please provide any information on the results, if any, of the changes you reported in section IV for Quarters 1 and 2. | |
| Response: | |
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| 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: | |
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| 10. Please provide a quote on the impact of LIHEAP in your state/territory/tribe from a staff member, government official, or stakeholder. | |
| Response: | |
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| | |
| 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, fictitious, or fraudulent statements or information will constitute a criminal offense under the Federal False Statements Law, 18 U.S.C. 1001, and may result in criminal and 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:

arterly Performance and

t (April 1- June 30)

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|---|--|
| unding Source (if applicable) | |
| B. {Reserved, if applicable} Other Supplemental Allotment | |
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[illegible]

[illegible]

Low Income Home Energy Assistance Program Quarterly Report

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

Fourth Quarterly Performance and Management Report (

I. Total Households Assisted

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|----------------------------------|------------------------|
| | A. Total Households Q4 |
| 1. Number of assisted households | |

II. Performance Management

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| | A. Total Occurrences Q4 |
| 1. Number of Occurrences of households where LIHEAP prevented the loss of home energy assistance | |
| 2. Number of Occurrences of households where LIHEAP restored home energy assistance | |

III. Estimated Uses of LIHEAP Funds

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|------------------------------|-----------------------------------|
| | Obligations by LIHEAP Fiscal Year |
| | A. LIHEAP Current Fiscal Year |
| 1. Amount of funds obligated | |

IV. LIHEAP Program Implementation and Support

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|---|
| 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, what 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 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

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:

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| b. Title of Authorized Official: |
| |
| c. Signature of Authorized Official: |
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| |
| d. Date Signed: |
| |

Performance and Management

July 1- September 30)

unding Source (if applicable)

B. {Reserved, if applicable}
Other Supplemental Allotment

It was the result of those changes?

ent success story, if applicable.

tious, or fraudulent information may subject me to criminal, civil, or

Yes
No