Contact Email:

# Low Income Home Energy Assistance Program Qua Management Report Recipient Information Recipient Name: Contact Name: Contact Phone Number:

#### First Quarterly Performance and Management Report (C

A. Total Occurrences Q1

# I. Total Households Assisted A. Total Households Q1 1. Number of assisted households

#### II. Performance Management

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1. Number of Occurences of households where the loss of home energy.		
2. Number of Occurences of households where LIHEAP restored home energy	1	
III. Estimated Use of LIHEAP Funds	$\mathcal{T}$	
		is by Linrund
_	A. LIHEAP F	Y 2024 Allotment

### 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?

Provide a brief explaination here:

1. Amount of funds obligated

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)?	
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 Assisi Assistance Fund)? If so, please provide a brief explanation of your colloboration/coordination efforts.	tance Program, Community Service
Response:	
9. Do you have any challenges or training and/or technical assistance needs that you would like the Office of Co	ommunity Services' Division of Ener
Response:	
40.01	
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.	
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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, fict 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 October 1- Dec 31) ling Source (if applicable) B. {Reserved, if applicable} Other Supplemental Allotment when they were made, and why they were made in the space provided

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## 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 restored home energy. III. Estimated Use of LIHEAP Ful A. LIHEAP FY 2024 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 Provide a brief explaination here: 3. Since submitting your Grantee Plan, have you made any changes to your outreach strategies?

Provide a brief explaination here:	
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7. Since submitting your Grantee Plan, have you made any other changes to your LIHEAP policies?	
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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	
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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, 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:		
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d. Date Signed:		

Expiration Date: 10/31/2025

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anuary 1- March 31)			
B. {Reserved, if applicable} Other Supplemental Allotment			
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# Low Income Home Energy Assistance Program Qu Management Report

Pecinient In	formation	
Recipient Information Recipient Name:		
Contact Name:		
Contact Phone Number:		
Contact Email:		
	nasamant Danari	
Third Quarterly Performance and Ma	magement Report	
I. Total Households Assisted		
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 a coss of home energy.	A. Total Occur Inces Q3	
Number of Occurences of households where LIF AP prevented to oss of home energy.      III. Estimated Uses of LIHEAP Funds		
III. Estimated Oses of Entlar Funds	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?		
Provide a brief explaination here:		
3. Since reporting in Q 1 $\&$ 2, have you made any new/other changes to your outreach strategies?		

Provide a brief explaination 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)?
Described the best of countries of the c
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?
7. Since reporting in Q 1 a 2, nate you made any other new other changes to your Emily a policies.
Provide a brief explaination 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:
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)

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

Expiration Date: 10/31/2025 arterly Performance and t (April 1- June 30) unding Source (if applicable) B. {Reserved, if applicable} Other Supplemental Allotment

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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?
Provide a brief explaination 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 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:
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8. Describe up to three notable accomplishments/successes achieved by LIHEAP implementation during this fiscal year. Please include a participa
Response:
nesponse.
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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. Title of Authorized Official:			-
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. Signature of Authorized Official:			-
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. 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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Yes

No