

CIP & LIEAP Reallocation Survey
February 26, 2021

Please complete this survey and return to Jasmyne Simmons at Jasmyne.Simmons@dhhs.nc.gov by close of business on Friday March 5, 2021.

County Name: _____

Director Name: _____

1. Is your county willing to reallocate **LIEAP funds** for the current program year to other counties that may have a need for additional funds?

____ YES ____ NO

If yes, please indicate the amount you would be willing to reallocate.

\$ _____

Amount to Reallocate

2. Does your county have a need for additional **LIEAP funds** for the current program year?

____ YES ____ NO

If yes, please indicate the amount you would like to request if available.

\$ _____

Amount Requested

3. Is your county willing to reallocate **CIP funds** for the current program year to other counties that may have a need for additional funds?

____ YES ____ NO

If yes, please indicate the amount you would be willing to reallocate.

\$ _____

Amount to Reallocate

4. Does your county have a need for additional **CIP funds** for the current program year?

____ YES ____ NO

If yes, please indicate the amount you would like to request if available.

\$ _____

Amount Requested

Director Signature: _____

Date: _____