LIHWAP Reallocation Survey

Friday February 14, 2022

**Low Income Household Water Assistance Program (LIHWAP) Reallocation Survey**

Please complete this survey and return to Jasmyne Simmons at [Jasmyne.Simmons@dhhs.nc.gov](mailto:Jasmyne.Simmons@dhhs.nc.gov) by **Friday February 18, 2022**. Thank you.

County Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your county willing to reallocate **LIHWAP 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 **LIHWAP 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_