

October 26, 2022

Crisis Intervention Program (CIP) & Low Income Household Water Assistance Program (LIHWAP) Reallocation Survey

Please complete this survey and return to Jasmyne Simmons at Jasmyne.Simmons@dhhs.nc.gov by **Monday October 31, 2022**. Thank you.

County Name: _____

Director Name: _____

1. Is your county is 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

2. 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

3. Is your county is 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

4. 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: _____