

## Low Income Energy Assistance Program (LIEAP) and Crisis Intervention Program (CIP) Reallocation Survey

Please complete this survey and return to Suzanne Harlow at [Mary.Lea@dhhs.nc.gov](mailto:Mary.Lea@dhhs.nc.gov) by **Monday, February 13, 2017**. Thank you.

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

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

1. 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

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 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

4. 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

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_