



North Carolina Department of Health and Human Services
Division of Social Services

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Wayne E. Black
Division Director

February 28, 2014

**RE: Reallocation of Low Income Energy Assistance Program
(LIEAP) and Crisis Intervention (CIP)**

Dear County Director of Social Services:

Some counties have requested additional CIP and LIEAP funds due to the exhaustion of funds in these programs because of harsh winter weather conditions across the state. The Division is exploring the option of reallocating unspent CIP and LIEAP funds from other counties for the remainder of the current fiscal year. The fiscal year for CIP ends on June 30, 2014 and LIEAP ends March 31, 2014

Please indicate on the attached survey form if your county is willing to have CIP and/or LIEAP funds reallocated to other counties or if you are interested in having CIP and/or LIEAP funds reallocated to your county. Please indicate the amount your county is willing to reallocate as well as the amount requested. Please return the Reallocation Survey form by **Wednesday, March 5, 2014** via e-mail to me at David.Locklear@dhhs.nc.gov.

If you have questions, please contact me via email or call (919) 527-6311.

Sincerely,

A handwritten signature in black ink that reads "David Locklear".

David Locklear, Acting Chief
Economic and Family Services

Attachment

EFS-FNSEP-03-2014

Economic and Family Services
www.ncdhhs.gov • www.ncdhhs.gov/dss
Tel 919-527-6300 • Fax 919-334-1265

Location: Hargrove Building/Dix Campus • 820 S. Boylan Avenue • Raleigh, NC 27603
Mailing Address: 2420 Mail Service Center • Raleigh, NC 27699-2420
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Low Income Energy Assistance Program (LIEAP) and Crisis Intervention Program (CIP) Reallocation Survey

Please complete this survey and return to David Locklear by **Wednesday, March 5, 2014**. 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: _____