

CIP Reallocation Survey

January 22, 2019

Crisis Intervention Program (CIP) Reallocation Survey

Please complete this survey and return to Arlisha Cooper at Arlisha.Cooper@dhhs.nc.gov by **Tuesday, January 29, 2019**. 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

Director Signature: _____

Date: _____