



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 11, 2015

**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. 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, 2015 and LIEAP ends March 31, 2015

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, February 18, 2015** via e-mail to Joan Otto at joan.otto@dhhs.nc.gov or via fax at (919)334-1265.

If you have questions, please contact me via email at david.locklear@dhhs.nc.gov 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-07-2015

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
An Equal Opportunity / Affirmative Action Employer



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

Please complete this survey and return to Joan Otto at joan.otto@dhhs.nc.gov or fax at (919)334-1265 by **Wednesday, February 18, 2015**. 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: _____