

## CIP Reallocation Survey

April 13, 2021

Please complete this survey and return to Jasmyne Simmons at [Jasmyne.Simmons@dhhs.nc.gov](mailto:Jasmyne.Simmons@dhhs.nc.gov) by close of business Tuesday, April 20, 2021.

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: \_\_\_\_\_