

LIEAP Reallocation Survey

December 30, 2019

Low Income Energy Assistance Program (LIEAP) Reallocation Survey

Please complete this survey and return to Robin Greenwald at Robin.Greenwald@dhhs.nc.gov by **Monday, January 6, 2020**. Thank you.

County Name: _____

Director Name: _____

1. 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

2. 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: _____