February 23, 2016

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 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, 2016 and LIEAP ends March 31, 2016.

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 2, 2016 via e-mail to Celeste Pleasant at Celeste.Pleasant@dhhs.nc.gov.

If you have questions, please contact me via email at David.Locklear@dhhs.nc.gov.

Sincerely,

David Locklear, Chief
Economic and Family Services

Attachment

EFS-FNSEP-04-2016
Low Income Energy Assistance Program (LIEAP) and Crisis Intervention Program (CIP) Reallocation Survey

Please complete this survey and return to Celeste Pleasant at Celeste.Pleasant@dhhs.nc.gov by Wednesday, March 2, 2016. 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:_________________________________________