CIP & LIEAP Reallocation Survey
January 21, 2021

Please complete this survey and return to Jasmyne Simmons at Jasmyne.Simmons@dhhs.nc.gov by close of business Friday, January 29, 2021.

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

3. 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

4. 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: _____________________________________________________________________