



Office of Community Services
Low-Income Household
Water Assistance Program
(LIHWAP)

Preparation for LIHWAP Data Collection and Reporting



ADMINISTRATION FOR

CHILDREN & FAMILIES

LIHWAP Team



Christina Clark- Operations Branch
Chief LIHWAP



Mary Watts- Policy Branch Chief
LIHWAP



Julie Gerzina
Regions 1 and 3



Frank Rojas
Regions 2 and 8



Sarah Dalglish
Regions 4 and 10



Carlos Torres
Regions 5 and 10



Mitch Navetta
Regions 6 and 7



Rachel Hammond
Region 9

LIHWAP Team

Learning Objectives

LIHWAP Reporting Requirements

LIHWAP Quarterly Reporting – What to Expect

LIHWAP Quarterly Report –
Sections and Questions

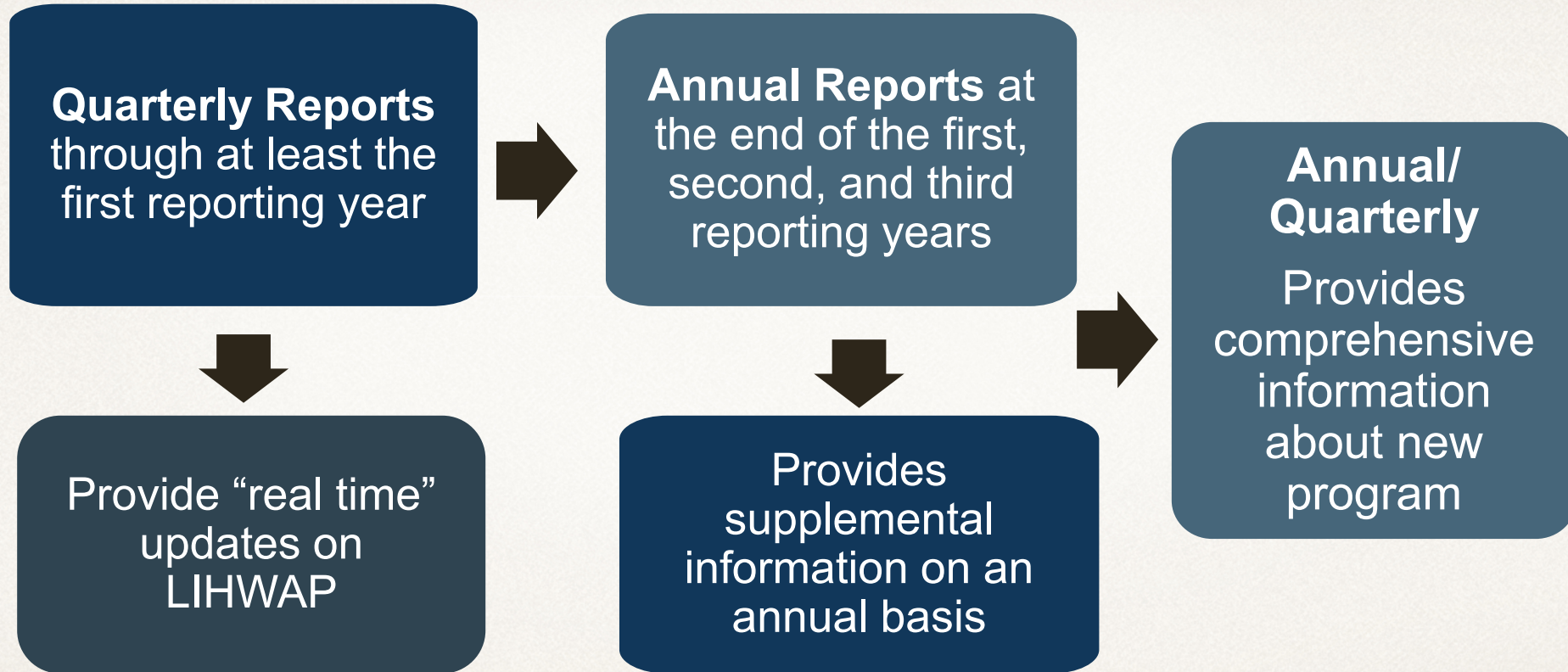
LIHWAP Annual Report Introduction



LIHWAP Reporting Requirements



LIHWAP Reporting Requirements



LIHWAP Reporting Requirements



Ensure that LIHWAP, an emergency and temporary program, is implemented effectively and efficiently

Provide reliable and complete fiscal and household data for OCS analysis and reporting to Congress and the public

Respond to questions from Congress, HHS, the Office of Management and Budget, White House, and other interested parties in a timely and accurate manner

LIHWAP Quarterly Reporting – What to Expect



LIHWAP Reporting Periods and Due Dates

Report	Time Period Covered	Anticipated Due Date
Quarter 1 Report	Implementation — December 31, 2021	January 31, 2022
Quarter 2 Report	January 1, 2022 — March 31, 2022	April 29, 2022
Quarter 3 Report	April 1, 2022 — June 30, 2022	July 29, 2022
Quarter 4 Report	July 1, 2022 — September 30, 2022	October 31, 2022

LIHWAP Quarterly Performance and Management Report



- Excel workbook
- LIHWAP DCL-2022-01 Report Forms Update FY2022
- **Submitted by Email:**
LIHWAPreports@acf.hhs.gov

LIHWAP Quarterly Reporting



Total unduplicated households assisted

Assistance provided by service type: Water or Wastewater, Multiple Water Services, and Other Water Services

- Restoration of services households, prevention of disconnection of services households, and reducing rates charged households

LIHWAP Quarterly Reporting



LIHWAP implementation information:

-Number of water vendors recipient has entered into an agreement with, barriers to vendor agreement execution

Any notable accomplishments achieved during the reporting period

LIHWAP Quarterly Reporting



Discuss additional unmet water and wastewater needs in their service areas

Highlight additional training/technical assistance needs/suggestions

Key Definitions

Arrearage - refers to an unpaid past due bill for household drinking water and/or wastewater utility services

Rate Reduction - a full or partial payment of a currently due bill charged to a household for drinking water or wastewater services

Key Definitions

Household - any individual or group of individuals who are living together as one economic unit for whom residential drinking water and/or wastewater services are customarily purchased in common or who make undesignated payments for those services in the form of rent.

Unduplicated Household Counts - Unduplicated counts mean that households are only counted once for each specific data variable.

Instructions for the Quarterly Report

LIHWAP Quarterly Report Overview

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1	OMB Control No. XXXX-XXXX			Expiration Date: xx/xx/xxxx
2	Low Income Household Water Assistance Program Quarterly Performance and Management Form			
3	Recipient Information			
4	Recipient Name:			
5	Contact Name:			
6	Contact Phone Number:			
7	Contact Email:			
8	First Quarterly Performance and Management Report (October 1- December 31)			
9				
10	I. Total Households Assisted			
11		A. Total Households Q1		
12	1. Unduplicated number of households assisted		0	
13				
14	II. Assistance Provided by Service Type			
15	Number of assisted households by Service Type			
	Quarterly Q1	Quarterly Q2	Quarterly Q3	Quarterly Q4

← →

- Excel spreadsheet
- Submitted via email
- Cumulative report with separate worksheets for each quarter



Section 1: Total Households Assisted

- Recipient Information
- Report the total number of unduplicated households assisted, across all service areas

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OMB Control No. xxxx-xxxx Expiration Date: xx/xx/xxxx

Low Income Household Water Assistance Program Quarterly Performance and Management Form

Recipient Information

Recipient Name:
Contact Name:
Contact Phone Number:
Contact Email:

First Quarterly Performance and Management Report (October 1- December 31)

I. Total Households Assisted

	A. Total Households Q1
1. Unduplicated number of households assisted	0

II. Assistance Provided by Service Type

Number of assisted households by Service Type

Quarterly Q1 Quarterly Q2 Quarterly Q3 Quarterly Q4

Section II: Assistance Provided by Service Type

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	A	B	C	D	E
9					
10	I. Total Households Assisted				
11		A. Total Households Q1			
12	1. Unduplicated number of households assisted	0			
13					
14	II. Assistance Provided by Service Type				
15					
16	Type of LIHWAP assistance for households	Number of assisted households by Service Type			
		A. Water or Wastewater	B. Multiple Water Services	C. Other Water Services	
17	1. Restoration of services	0	0	0	
18	2. Prevention of disconnection of services	0	0	0	
19	3. Reduction of rates charged	0	0	0	
20	*If other services were paid for with LIHWAP funds, please explain				
21	Response:				
22					
23	III. LIHWAP Implementation Information				
24	Please attach vendor list to the report, see instructions	A. Number of Water Vendors			
25	1. Of the water vendors in your state, territory or tribe, how many vendors have you entered into an agreement with?				
26	2. If you have not entered into a vendor agreement with all vendors, please describe the barriers to execution below.				

Quarterly Q1 Quarterly Q2 Quarterly Q3 Quarterly Q4

- Households that received multiple types of assistance should be included in the count of households for each relevant assistance type.

Three Main Types of Assistance for Households

Restoration of services

Prevention of disconnection of services

Reduction of rates charged

Three Main Types of Services

Water and/or wastewater services

Multiple water services

Other water services

Household Scenarios

Counting Unduplicated Numbers of Assisted Households for Each Type of LIHWAP Assistance, By Service Type

		Water and/or Wastewater	Multiple Services	Other Water Services
Restoration of Services	<div>→</div> <div>→</div>	Household A, Household D		
Prevention of Disconnection			<div>→</div> Household B	
Reduction Rates Charged	<div>→</div> <div>→</div>	Household A, Household D		<div>→</div> Household E

Section III: LIHWAP Implementation Information

	A	B	C	D	E
23	III. LIHWAP Implementation Information				
24	Please attach vendor list to the report, see instructions		A. Number of Water Vendors		
25	1. Of the water vendors in your state, territory or tribe, how many vendors have you entered into an agreement with?				
26	2. If you have not entered into a vendor agreement with all vendors, please describe the barriers to execution below.				
27	Response:				
28					
29	3. Have you begun to accept applications for LIHWAP?	Yes <input type="checkbox"/>	Date started?	No <input type="checkbox"/>	Estimated start date for accepting applications?
30					
31	4. If you have not begun to accept applications for LIHWAP, please explain why below.				
32	Response:				
33					
34	5. If you have started accepting applications, have all areas of your state, territory or tribe begun implementation? If no, please briefly explain your approach/plan for getting to full implementation, including which areas have not begun accepting applications and why.				
35	Response:				
36					
37	6. If applicable, have you executed agreements with all of your subrecipients? If no, please explain.				
38	Response:				
39					

Quarterly Q1
Quarterly Q2
Quarterly Q3
Quarterly Q4
+

Section III Questions (for Quarters 1 and 2)

Question 1.

Of the water vendors in your state, territory or tribe, how many vendors have you entered into an agreement with?



Report on the total number of water service vendors that you have established an agreement with.

Section III Questions (for Quarters 1 and 2)

Question 2.
If you have not entered into a vendor agreement with all vendors, please describe the barriers to execution.



Only answer this question if they have not entered into an agreement with all of the water and wastewater vendors in their service area.

If this question applies, describe any barriers experienced with regards to entering into vendor agreements.

Section III Questions (for Quarters 1 and 2)

Question 3.
Have you begun to
accept applications for
LIHWAP?



If **YES** - include the date the recipient or one of their subrecipients started accepting applications from households.

If **NO** - include an estimated start date for accepting applications.

Section III Questions (for Quarters 1 and 2)

Question 4.
If you have not begun
to accept applications
for LIHWAP, please
explain why below.



Recipients should only
answer this question if
they have not begun to
accept applications for
LIHWAP. If this question
applies to the recipient, the
recipient should explain
why they have not started
accepting applications.

Section III Questions (for Quarters 1 and 2)

Question 5.

If you have started accepting applications, have all areas of your state, territory or tribe begun implementation? If no, please briefly explain your approach/plan for getting to full implementation.



Report if all areas that have begun implementation.

Explain the approach the recipient will use to reach 100 percent implementation.

Section III Questions (for Quarters 1 and 2)

Question 6.
If applicable, have you
executed agreements
with all of your
subrecipients? If no,
please explain.



Report if the recipient
has executed
agreements with all
necessary subrecipients
(including community
action agencies, local,
city, or county
governments, or other
non-profit
organizations).

Section III Questions (for Quarter 3)

Are there any changes in your agreements with water vendors from the previous quarters?

Are there any changes to which portions of your service area are accepting applications and implementing LIHWAP from Quarter 2?

If applicable, have you executed agreements with all of your subgrantees? If no, please explain.






Section III Questions (for Quarter 4)

Are there any changes in your agreements with water vendors from the previous quarters?

Are you still accepting applications for LIHWAP?

If you are still accepting applications, are there any changes to which portions of your service area are accepting applications and implementing LIHWAP from Quarter 3?

Section IV – Performance Management

	A	B	C	D	E
	IV. Performance Management				
	1. Describe up to three notable accomplishments achieved by LIHWAP implementation during the reporting period. Please include a participant success story, if applicable.				
	<i>Response:</i>				
	2. Describe any challenges with LIHWAP implementation during the reporting period.				
	<i>Response:</i>				
	3. Are there additional unmet water or wastewater needs in your service area? If yes, please describe.				
	<i>Response:</i>				
	4. Do you have any training and/or technical assistance needs that you would like the Office of Community Services to offer support for?				
	<i>Response:</i>				

Section IV Questions

Question 1.

Describe up to three notable accomplishments achieved by LIHWAP implementation during the reporting period. Please include a participant success story, if applicable.



Recipients should report on accomplishments that they believe are notable, including accomplishments related to implementation, partnerships, innovations, policies, procedures, outreach, and/or outcomes.

Section IV Questions

Question 2.
Describe any challenges
with LIHWAP
implementation during the
reporting period.



Recipients should describe
any challenges they have
experienced with LIHWAP
implementation and or
administration.

Section IV Questions

Question 3.
Are there additional unmet water and wastewater needs in your service area? If yes, please describe.



Recipients should describe any unmet needs they are aware of. Unmet needs may include needs related to administering LIHWAP or the needs of beneficiaries.

Section IV Questions

Question 4.

Do you have any training and/or technical assistance needs that you would like the Office of Community Services to offer support for?



Recipients are encouraged to highlight any additional training and technical assistance they may need to successfully administer LIHWAP at the state and/or local level.

Questions in Section IV (Quarter 4 Only)

Question 5.
(Quarter 4 only):
Please list and describe up
to three lessons learned
during the first year of
LIHWAP implementation.



Recipients are encouraged
to add information about
their lessons learned
planning for, implementing,
and administering
LIHWAP.

Section V and Section VI

	A	B	C	D	E
54	V. Remarks				
55	1. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.				
56	<i>Response:</i>				
58	VI. Certification				
60	Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)				
61	a. Name of Authorized Official:				
62	b. Title of Authorized Official:				
63	X _____				
64	c. Signature of Authorized Official:				
66	d. Date Signed:				

Quarterly Q1

Quarterly Q2

Quarterly Q3

Quarterly Q4

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Annual Report Introduction



LIHWAP Annual Report

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File Home Insert Page Layout Formulas Data Review View ACROBAT

OMB Control No. XXXX-XXXX Expiration Date: XX/XX/2021

Low Income Household Water Assistance Program Annual Report Form

Recipient Information

Recipient Name:	FY:
Contact Name:	Contact Phone:
Contact Email:	

Click [HERE](#) to read the LIHWAP Annual Report Instructions.

Certification

Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

Recipient Information Use of Funds Household Report Performance Measures



- Submitted by Email:
LIHWAPreports
@acf.hhs.gov



LIHWAP Annual Reporting Periods and Due Dates

Report	Time Period Covered	Anticipated Due Date
Fiscal Year (FY) 2022	Implementation — September 30, 2022	January 31, 2023
FY 2023	October 1, 2022 – September 30, 2023	January 31, 2024
*Household data are for the FY reporting period (e.g., October 1 – September 30).		
Checked against the type of LIHWAP assistance reported in your LIHWAP Model Plan and with the data reported in your LIHWAP Quarterly Performance and Management Report.		

LIHWAP Annual Report

The LIHWAP Annual Report is structured into 3 Modules within the same Excel workbook



Use of Funds



Household
Report



Performance
Measures Report

Wrap-Up

LIHWAP Reporting Resources

- Expedited OMB Review and Public Comment: Office of Community Services Data Collection for the Low Income Household Water Assistance Program Reports (New Collection)
- LIHWAP DCL-2022-02 Report Training Webinar and Office Hours FY2022
- Dear Colleague Letter (DCL) 2022-01 Preparation for LIHWAP Data Collection and Reporting
- LIHWAP DCL-2022-01 Report Forms Update FY2022,
 - LIHWAP Quarterly Report Instructions
 - LIHWAP Quarterly Report Form
 - LIHWAP Annual Report Instructions
 - LIHWAP Annual Report Form



OCS Office Hours – All Recipients

- Thursday, December 9th, from 3:30 - 4:30 p.m.
- Tuesday, December 14th, from 2:00 - 3:00 p.m.
- Wednesday, January 5th, from 2:00 - 3:00 p.m.
- Wednesday, January 12th, from 3:00 - 4:00 p.m.
- Wednesday, January 19th, from 3:00 - 4:00 p.m.



*all times EST

OCS Office Hours – Designated for Tribal Recipients

- Thursday, December 9th, from 2:00 - 3:00 p.m.
- Wednesday, January 5th, from 3:30 - 4:30 p.m.

*all times EST





**Office of Community Services
Low-Income Household
Water Assistance Program
(LIHWAP)**

Questions?



**Office of Community Services
Low-Income Household
Water Assistance Program
(LIHWAP)**

Thank you!