

EAP Closeout FormAMENDMENT: #
MODIFICATION: #***Please complete the non- shaded areas on this form.*****SUBGRANTEE INFORMATION**

Agreement No:		LI-019-			PROGRAM: Energy Assistance Program		
					Agreement Term: 09/01/19 - 09/30/20		
					Program Year: 2020		
Agency Name:					AWARD AMOUNT		
LINE ITEM:	DESCRIPTION:	Final Budget	Final Expended	Repayments/ROFs			
.1	ELIGIBILITY (Up to 8.5% of Expended Amount)						
.2	ASSURANCE 16 (Up to 5% of Expended Amount)						
.3	REGULAR ASSISTANCE						
.4	CRISIS ASSISTANCE						
.5	EMERGENCY SERVICES (Cannot exceed						
.6	EMERGENCY REPAIR AND REPLACE 10% of total award)						
		CURRENT AWARD	\$0.00	\$0.00	\$0.00		
			\$0.00	\$0.00	\$0.00		

I hereby certify that the above information is correct and that all expenditures relating to this Agreement Number are contained in this report.

Signature of EAP Manager

DATE

I approve the above budget/ budget modification, Community Programs Specialist or designee