

**EAP BUDGET FORM****AMENDMENT: #**  
**MODIFICATION: #**

***Please complete the non- shaded areas on this form.***

**SUBGRANTEE INFORMATION**

Agreement No:	LI-020-	PROGRAM: <b>Energy Assistance Program</b>	
		Agreement Term: 09/01/19 - 09/30/20	
		Program Year: 2020	
Agency Name:		AWARD AMOUNT	<b>\$0.00</b>
LINE ITEM:	DESCRIPTION:		
.1	ELIGIBILITY (Up to 8.5% of Expended Amount)		<b>\$0.00</b>
.2	ASSURANCE 16 (Up to 5% of Expended Amount)		<b>\$0.00</b>
.3	REGULAR ASSISTANCE		<b>\$0.00</b>
.4	CRISIS ASSISTANCE		<b>\$0.00</b>
	Up to 10% <i>combined</i> of Expended Amount		
.5	EMERGENCY SERVICES		<b>\$0.00</b>
.6	EMERGENCY REPAIR AND REPLACE		<b>\$0.00</b>
		CURRENT AWARD	<b>\$0.00</b>
			<b>\$0.00</b>

This is to certify that I have reviewed this budget form and all proposed expenditures are properly allocable to the Federal award and any indirect costs budgeted in this form will not be treated as direct costs when claimed.

**Signature of EAP Manager****DATE**

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