

# LIHEAP CLOSEOUT REPORT

GRANTEE: \_\_\_\_\_

PROGRAM YEAR: \_\_\_\_\_

1. How many LIHEAP applications were received in this program year? How many LIHEAP clients were served?
2. Did you meet the minimum crisis requirement of 10%? What percentage of your direct assistance funds were applied to crisis applications? How many actual crisis clients were served and how many regular clients were served? If you did not meet the minimum 10%, why did you not meet the requirement?
3. Did you expend all of your LIHEAP funds? If not, why?
4. Attach Disbursement Reconciliation Report.