



LOUISIANA HOUSING CORPORATION
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LIHEAP CLIENT EDUCATION ANNUAL PROPOSAL – PY20_____

1. DATE SUBMITTED:	2. DATE RECEIVED BY LHC:

3. AGENCY INFORMATION	
LEGAL NAME:	ADDRESS:

4. NAME AND PHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS PROPOSAL:	
FIRST NAME:	LAST NAME:
PHONE: ()	FAX: ()
EMAIL:	

5. PARISHES AFFECTED BY PROJECT

6. PROPOSED PROJECT

7. PROPOSED PROJECT	
START DATE:	ENDING DATE:

8. FUNDING DETERMINED BY THE LIHEAP ALLOCATION FORMULA
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9. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT.	
AUTHORIZED REPRESENTATIVE	
FIRST NAME:	LAST NAME:
TITLE:	TELEPHONE #: ()
SIGNATURE:	DATE SIGNED:

ANY AND ALL ENTITIES RECEIVING GRANTS FROM THE LHC LIHEAP CLIENT EDUCATION FUND SHALL BE REQUIRED TO SUBMIT A FINAL REPORT TO THE LHC OFFICES BY THE END OF THE PROGRAM YEAR (SEPTEMBER 30TH). ALL UNSPENT GRANT AMOUNTS MUST BE RETURNED TO LHC. RECIPIENT AGENCIES ARE SUBJECT TO AN AUDIT BY LHC.

NEED FOR ASSISTANCE:

OBJECTIVES:

NUMBER TO BE SERVED:

DOCUMENTATION:

LHC LIHEAP CLIENT EDUCATION ANNUAL PROPOSAL

BUDGET JUSTIFICATION

PLEASE GIVE A BRIEF EXPLANATION OF HOW THE FUNDS WILL BE USED.