

Low Income Energy Assistance Business Plan Addendum

Please complete this form and return it to Joseph Scott by Friday, October 26, 2007 via fax at (919) 733-0645. If you have any questions, contact Mr. Scott at (919) 733-7831.

County Name: _____

Director Name: _____

The maximum allowable assistance allotment per eligible CIP household is \$_____ per State fiscal year.

Note: Counties have the option of setting their maximum allowable assistance amount from \$300 up to \$600 per state fiscal year. The Low Income Energy Assistance Business Plan may be amended at any time during the course of the state fiscal year to change the maximum allowable assistance amount or to change other optional eligibility requirements.

Director Signature: _____

Date: _____