



ERIE COUNTY WATER AUTHORITY

INTEROFFICE MEMORANDUM

November 7, 2023

To: Jerome D. Schad, Chair
Peggy A. LaGree, Vice Chair
Michele M. Iannello, Treasurer

From: Joyce Tomaka, Chief Financial Officer

CC: Terrence D. McCracken, Secretary to the Authority

Subject: Low Income Household Water Assistance Program

As you know, the Low Income Household Water Assistance Program ("LIHWAP") was established through the consolidated Appropriations Act of 2021 and the American Rescue Plan Act of 2021 with the intent to assist low-income households with the costs of their water and wastewater bills.

The Authority has been participating in this very important program since its inception in November 2021. While it was originally set to expire at the end of the fiscal year September 30, 2022, it was extended for another year until September 30, 2023.

During the entirety of the program, the Authority received payments on behalf of more than 1,200 households totaling \$673,613.06.

You may recall that our January board meeting included a resolution to recognize the success of the program. Yet despite our efforts of recognizing the program's success on behalf of our customers, the program was not renewed for the upcoming fiscal year and ended on September 30, 2023.

Based upon a recent effort recommended by the New York State Section of the American Water Works Association urging members to take action, I am requesting that the Board approve sending a letter to Governor Hochul on behalf of the Authority to request reinstatement of the Low Income Household Water Assistance Program.

A resolution to authorize the execution of a letter of support to reinstate the LIHWAP has been included for your consideration at the meeting of November 16, 2023.

ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Documents
(check which apply)

Contract:

Project No.:

Project Description: Request Reinstatement of the Low-Income Household Water Assistance Program

Item Description:

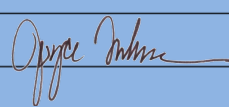
- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Agreement | <input type="checkbox"/> Professional Service Contract | <input type="checkbox"/> Amendment | <input type="checkbox"/> Change Order |
| <input type="checkbox"/> BCD | <input type="checkbox"/> NYSDOT Agreement | <input type="checkbox"/> Contract Documents | <input type="checkbox"/> Addendum |
| <input type="checkbox"/> Recommendation for Award of Contract | <input type="checkbox"/> Recommendation to Reject Bids | | |
| <input type="checkbox"/> Request for Proposals | | | |
| <input type="checkbox"/> Other <u>Request Reinstatement of the Low-Income Household Water Assistance Program</u> | | | |

Action Requested:

- | | |
|--|--|
| <input type="checkbox"/> Board Authorization to Execute | <input type="checkbox"/> Legal Approval |
| <input type="checkbox"/> Board Authorization to Award | <input type="checkbox"/> Execution by the Chairman |
| <input type="checkbox"/> Board Authorization to Advertise for Bids | <input type="checkbox"/> Execution by the Secretary to the Authority |
| <input type="checkbox"/> Board Authorization to Solicit Request for Proposals | |
| <input type="checkbox"/> Other <u>Request Reinstatement of the Low-Income Household Water Assistance Program</u> | |

Approvals Needed:

APPROVED AS TO CONTENT:

- | | | |
|---|---|-------------------------|
| <input type="checkbox"/> Other | _____ | Date: _____ |
| <input type="checkbox"/> Chief Operating Officer | _____ | Date: _____ |
| <input type="checkbox"/> Executive Engineer | _____ | Date: _____ |
| <input type="checkbox"/> Director of Administration | _____ | Date: _____ |
| <input type="checkbox"/> Comptroller | _____ | Date: _____ |
| <input checked="" type="checkbox"/> Chief Financial Officer |  | Date: <u>11/03/2023</u> |
| <input type="checkbox"/> Legal | _____ | Date: _____ |

APPROVED FOR BOARD RESOLUTION:

- | | | |
|--|--|------------------------|
| <input checked="" type="checkbox"/> Secretary to the Authority |  | Date: <u>11/3/2023</u> |
|--|--|------------------------|

Remarks: _____

Resolution Date: _____

Item No: _____